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ABSTRACT

This guide suggests ideas and activities to support training in early intervention service coordination for infants, toddlers, and young children with disabilities. The guide is intended to include parents as well as professionals and to be used in both service and preservice training. It is a project of the Pathways Project (Wisconsin) which stresses three core principles: family-provider partnership, (2) participant-centered instruction, and (3) collaboration. Following an overview, a chart provides a guide to the manual's 55 activities in a matrix which compares activities on program phase, family support, resource development, partnership building, team facilitation, self-care, and leadership/change. Activities include warm-ups and energizers, stories, eco-maps, panels and presentations, and others. Each activity is structured to include the purpose of the activity, approximate time needed, the trainer's needs in order to complete the activity, instructions to help guide the activity, talking points or questions to guide the activity, and necessary handouts. A section on tips for trainers precedes the individual activity descriptions. An appendix suggests strategies for supervisors and administrators for ongoing supervision, training, and support of service coordinators. (Contains approximately 135 references.) (DB)

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Pathways Trail Mix: A Collection of Ideas and Training Activities in Early Intervention Service Coordination

Pathways

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The Pathways Project staff express appreciation to those participating states: **Florida**, **Kentucky**, **Idaho**, **Iowa**, **Michigan**, **Mississippi**, **New Jersey**, **New Mexico**, **West Virginia**, and **Wisconsin**, which worked with us on complex issues involving service coordination training. Our common goal was to assure that service coordinators have appropriate and relevant information and skills needed in providing quality service coordination to families and their children in early intervention. In collaborating with states to meet their individualized needs, a variety of options were developed and offered for service coordination instruction. The **Pathways Trail Mix** is the result of these efforts.

We want to acknowledge and offer our gratitude to our stellar National Advisory Committee members who offered support and enriched all our activities: **Tibi Bodea, Nancy DiVenere, Bruce Eddy, Larry Edelman, Judith Holt, Joicey Hurth, William Jones, Marilyn Krajicek, Julianne Nikerson, Cordelia Robinson, Sarah Rule, William Schwab, Sally Wade, and Pam Winton**.

In Wisconsin, our Advisory Committee, comprised of family members, service coordinators, state agency representatives, and faculty from higher education, came together to offer perspectives, ideas, and input to keep our project grounded in the realities of early intervention: **Mike Allen, Mary Allen, Roxann Bornemann, Sheila Durand, David Franks, Judy Gaines, Pam Garman, Heidi Goehring, Jill Haglund, Ann Hains, Sandy Heimerl, Julia Herwig, Liz Irwin, Vickie Johnson, Leasia Koonce, Terri Larson-Baxter, Sally Mather, Jill Nelson, Ann Riall, Maria Roman, Deb Thies, Norma Vrieze, Meredith Washburn, Ann Marie Winecke, Karen Wellenburg, Beth Wroblewski, and Mardelle Wuerger**.

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INTRODUCTION AND OVERVIEW

A Few Words About Our Title

You may think that we chose our guide's title, ***Pathways Trail Mix: A Collection of Ideas and Training Activities in Early Intervention Service Coordination***, in a moment of giddiness at the end of a long meeting. Well... yes, that is true. However, even after a good night's sleep and a fresh look, we decided that the metaphor "trail mix" expresses what we believe this guide is about. In both service coordination and training related to early intervention service coordination, there are many ***pathways*** that can be taken to reach the desired outcome. It is a lot of hard work from setting out on the path to reaching the goal, and we need support and nourishment along the way. Hence, the title ***Trail Mix*** was conceived. The guide is a mixture of ideas and activities that can support training in early intervention service coordination.

The Guide's Purpose

Service coordination, as defined by the Infant/Toddler Section (Part C) of the Individuals with Disabilities Education Act (IDEA), can be carried out by providers from a wide range of disciplines and experiences. Yet service coordination represents a relatively new role for many practicing providers, students intending to work in the field of early intervention, and parents of infants and toddlers with special needs. ***Trail Mix*** provides a collection of activities that can be useful in the development or enhancement of competencies to meet the challenges of early intervention service coordination.

Suggested Uses For Trail Mix

This guide can be adapted to a variety of purposes, and can be useful for parent and service provider inservice training and for interdisciplinary and discipline specific preservice courses. Pathways staff has used the content, activities, and materials for a variety of successful training adaptations. ***Trail Mix's*** content and activities can be tailored for participants who have varying levels of knowledge and skills. We encourage trainers to structure activities to make the best of the abilities each participant brings to the training. Over the course of the project, staff has encountered a number of challenges in service coordination training, which are listed in the box below. An in-depth discussion of these challenges and potential solutions can be found in the chapter cited.

Challenges to Providing Service Coordination Training

- Presenting the family-centered care philosophy
- Focusing on relationship as the basis for service coordination
- Enhancing personal skills
- Understanding that service coordination may have unintended negative consequences for families
- Defining roles and boundaries involved in service coordination
- Moving beyond the IFSP form
- Keeping current in a changing system
- Having methods for support for the service coordinator
- Assisting service coordinators in their role as change agents

(See Rosin, P & Hecht, L (1997) Service coordination in early intervention Competencies, curriculum, challenges, and strategies In P Winton, J McCollum, & C Catlett (Eds) *Reforming personnel preparation in early intervention Issues, models, and practical* strategies Baltimore, MD Paul H Brookes Publishing Company, Inc for an in depth discussion of these challenges)

Parent Involvement: We have designed training to include parents as participants as well as presenters. Parent participation is invaluable. By sharing their perspectives and personal experience they bring revealing experience and depth to training. Parents as presenters in the training sessions are highly rated in all evaluations of the Pathways training. We strongly recommend involving and supporting parents in all aspects of training.

Inservice Training: Trainers providing service coordination inservice for health, education, and social services personnel will find this guide to be a rich resource of ideas and activities. It can serve as a basis for inservice training, self-study by individuals new to the field of early intervention service coordination, or for program staff development (e.g., solution-finding framework applied to staff issues). We encourage inservice trainers to apply the content and activities in ways that meet their needs and the needs of the participants.

Preservice Training: Faculty from a variety of departments associated with early intervention will find ***Trail Mix*** a practical source for curricula development and student training. The content and activities are appropriate for interdisciplinary courses, as well. ***Trail Mix*** can assist faculty in their development or preparation of lectures, course modules, or semester-long courses. Content can be infused into existing courses related to infants and toddlers with special needs and their families.

Trail Mix's Organization

The organization of ***Trail Mix*** has been a challenge due to the overlapping nature of the content and the numerous potential methods for instruction. Following this Overview is a Trail Map of Activities that guides ***Trail Mix*** users to the most relevant activities for their purpose. Activities include warm-ups and energizers; stories; eco-maps; panels; and other activities which vary by group size. Each ***Trail Mix*** activity is structured to include the purpose of the activity; approximate time needed; the trainer's needs in order to complete the activity; instructions to help guide the activity; talking points or questions to guide the activity; and necessary handouts. Some activities are grouped according to similarities in their training method. In these cases, we have described variations on the content or method to help avoid redundancy for the user.

The Pathways Project Philosophy

The Pathways Project has three core principles from which all training and technical assistance activities operate:

- **Family-Provider Partnership**
  Pathways staff believes that family-centered early intervention practices occur when partnerships are formed between parents and providers. Therefore, family members are: 1) part of the Pathways staff, 2) training consultants, 3) supported to be on training teams, 4) advisory committee members, 5) participants in the training, and 6) reflect the cultural diversity of the community.

- **Participant-Centered Instruction**
  Pathways staff believes adults learn best when they exercise control and guidance over their learning. Therefore, training and technical assistance is tailored to state, program and individual needs through: 1) self-assessment, 2) solution-finding, 3) individualized plans, 4) field-based experiences, and 5) ongoing support.

- **Collaboration**
  Pathways staff collaborates with personnel in participating states to tailor training and technical assistance to the needs of the state or program. Therefore, Pathways staff works with states to determine the type of training and technical assistance options that will best meet their needs.

Training and Technical Assistance Options

Workshops and Institutes - Options for Training Current Service Coordinators

- Individualized training focused on a topic identified by a state or agency within the state.
- A series of trainings to cover content identified by the state.
- "Training of Trainers" workshops for trainers interested in using or adapting the Pathways curriculum.
- Presentation of training through distance technology.

Higher Education - Options for Training Future Service Coordinators

- Adapt curriculum previously developed for semester-long inservice course offered for credit (university, college, continuing education, certification).
- Infuse information into existing courses, or develop new course offerings.
- Develop service coordination modules to be used for a portion of the semester.
- Adapt curriculum for use with distance technologies.

Technical Assistance - Supporting State-Level Change

- Teleconferences to network with other states on selected issues.
- Newsletters about approaches and innovations in service coordination.
- Assistance in the development of a statewide system of personnel preparation.
- Assistance in and review the development of competencies for service coordinators.
- Matching of states with similar issues.
- Development of outcomes and indicators of effective service coordination.

An Evolution in Instruction for Service Coordinators

Over the course of the Pathways Project, we have learned a number of lessons about the needs, desired outcomes, and barriers that states, programs, and individuals face in working toward defining and providing effective service coordination. It is essential to match the training and support activity to the intended outcome for the event.

For example, if it is necessary to get new information to families and practitioners regarding a change in service coordination policy, then the mode of instruction might be a statewide training. In this situation, expectations are that participants will receive information and have opportunities to ask clarifying questions. However, if the instructional outcome is to build service coordination skills, a different mode of instruction is needed. To meet this outcome, a statewide training may introduce the skill, but participants will need an opportunity for practice and application of the skill to be learned and support and feedback while learning it. *Strategies for Supervisors and Administrators for Ongoing Supervision, Training and Support of Service Coordinators* (pages 5-12) offers several suggestions for skill building within the program. In addition, the *Tips for Trainers* section provides ideas for determining training needs, plus a helpful table; the Learning Outcomes and Training Strategies that can assist planners in matching training needs with training methods.

About the Pathways Project

The Pathways Service Coordination Project is a three year, federally funded outreach project. Its overall purpose is to provide training and technical assistance to states interested in developing or enhancing their early intervention service coordination system. Over the three years, the Pathways staff has worked with a number of states, including: **Florida**, **Kentucky**, **Idaho**, **Iowa**, **Michigan**, **Mississippi**, **New Jersey**, **New Mexico**, **West Virginia**, and **Wisconsin**. Pathways staff participates in a wide variety of activities, including technical assistance to state personnel involved in systems development, and on-site training of direct service staff and parents. Training activities and materials are individualized depending on the identified objectives and audience. A State Training and Technical Assistance Plan (STTAP), collaboratively developed with each state, identifies specific outcomes and defines the parameters of the training and technical assistance that Pathways provides.

Although Pathways has worked with a variety of states in both rural and urban settings across the country, similar challenges across settings have emerged (See Table 1). A common concern for states is to have well qualified service coordinators who can effectively address the needs of families. Having mechanisms in place to provide ongoing training, supervision and support was also identified as an ongoing challenge.

Table 1: Commonly Identified Emerging Issues and Challenges in Early Intervention Service Coordination

Challenges for family members:
- Too much, too little, unclear or inaccurate information
- Duplication of efforts
- Too many and complex forms
- Cultural or value differences between family and system and/or service coordinator
- Jargon - finding a common language
- Timing of information
- Difficulty learning about community resources
- Enhancing creative problem solving abilities to get needs met
- Remaining connected to natural resources and supports

Challenges for service coordinators:
- Time and resource management
- Paperwork, record keeping and forms
- Timing of information to families
- Meeting prescribed timelines
- Building on the family's and child's natural supports and resources

(continued)

Challenges for service coordinators:
- Keeping up with changing resources and service providers
- Knowledge of the multiple systems in which a family may participate
- Understanding multiple funding sources and program eligibility
- Undertaking strategies for working with outside agencies and funding sources
- Balancing the philosophy of family-centered care with the reality of available resources
- Successfully applying personal and interpersonal skills with families, other team members, and agency personnel
- Creative problem solving, solution finding, and consensus building
- Transferring skills
- Influencing policies and practices
- Building the community's capacity to meet child's and family's needs
- Knowing and maintaining boundaries and roles
- Obtaining sufficient ongoing support, training, and supervision.

Challenges for early intervention programs:
- Organizing staff and resources
- Managing the IFSP process
- Keeping track of resources and availability of services
- Working within limited financial resources
- Working with outside agencies and developing interagency agreements
- Supporting and supervising staff

Challenges for the statewide early intervention system:
- Identifying a curriculum for both beginning and veteran service coordinators
- Identifying a cadre of trainers within the state
- Developing an ongoing network of support for service coordinators
- Fitting early intervention service coordination into existing case management systems
- Identifying service coordination competencies and relating them back to training needs
- Exploring cross training of service coordinators with other case managers
- Determining how to fit service coordination into the managed care system
- Remaining family-centered in light of systems issues (e.g., caseloads, resources)
- Evaluating the effectiveness of service coordination at the state, program and family levels

TRAIL GUIDE FOR STORIES AS EFFECTIVE TOOLS FOR INSTRUCTION: VIDEOS, VIGNETTES, AND ROLE-PLAYS

TRAIL GUIDE FOR STORIES AS EFFECTIVE TOOLS FOR INSTRUCTION: VIDEOS, VIGNETTES, AND ROLE-PLAYS

ACTIVITY NUMBER	PAGE	PHASE	SKILLS AND KNOWLEDGE*					
		1 - Getting started 2 - Follow along 3 - Unexpected needs/crisis 4 - Transition	**Supporting Families** a. Identifying strengths b. Transferring skills c. Co-service coordination d. Identifying a vision for the future	**Developing Resources** a. Identifying services and supports b. Utilizing informal supports c. Creating options d. Mapping resources e. Building community inclusion	**Building Partnerships** a. Working in partnerships with families & providers b. Developing collaborative outcomes c. Exploring values d. Coordinating with community partners	**Facilitating Teams** a. Building a team b. Facilitating meetings c. Finding common ground d. Reaching consensus	**Self Care** a. Establishing boundaries b. Handling grief and loss c. Reducing stress d. Managing time e. Ensuring personal safety	**Leadership & Change** a. Developing leadership b. Creating a vision c. Advocating for services d. Working collaboratively to build a service system e. Making commitments to action
1	85	1	a d	a c	a b c			
2	93	2			a	a d	a c d	
3	99	3	a	a c e	a b c d	a c	a b c	
4	101	4	b d	a c	a b d	a b c d		d
5	103	3	a d	a			a b	
6	107	2	c			a	a	
7	111	3	a d	a			a b	
8	115	4	b c d	e	a b d			
9	119	2	a	a c	a b d	c d	a c	
10	123	1 2			c	a c	a	a
11	127	4	d	a c	a b c d			
12	129	2	a b c					
13	131	2 3	a	a	a b c	a b c d	d	a
14	137	1	c		a			
15	141	2	a d	a c	a b c	a b c d	d	a
16	145	2	a b c	a c	a			a
17	149	2 3	a b d	a c	a b c d	a b c d		a b d e
18	153	1 2	d	c	a b c d	a b c d		
19	157	2	b	a c d	a b c d			
20	161	1	a d	a c	a b c	a b c d	c	
21	167	1 2 3 4	a b c d	a b c d e	a b c d	a c d	a e	b c d

*Communication (•One-to-One (e.g., jargon, people-first language, literacy, strengths vs. deficit approach, relaying difficult information) •Team (e.g., facilitation, reaching consensus) •Interagency) is a basic skill that underlies and is incorporated into all of the training activities.

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TRAIL GUIDE FOR ECO-MAP ACTIVITIES, PANELS AND OTHER PRESENTATIONS

TRAIL GUIDE FOR ECO-MAP ACTIVITIES

ACTIVITY NUMBER	PAGE	PHASE	SKILLS AND KNOWLEDGE*					
		1 - Getting started **2** - Follow along **3** - Unexpected needs/crisis **4** - Transition	**Supporting Families** a. Identifying strengths b. Transferring skills c. Co-service coordination d. Identifying a vision for the future	**Developing Resources** a. Identifying services and supports b. Utilizing informal supports c. Creating options d. Mapping resources e. Building community inclusion	**Building Partnerships** a. Working in partnerships with families & providers b. Developing collaborative outcomes c. Exploring values d. Coordinating with community partners	**Facilitating Teams** a. Building a team b. Facilitating meetings c. Finding common ground d. Reaching consensus	**Self Care** a. Establishing boundaries b. Handling grief and loss c. Reducing stress d. Managing time e. Ensuring personal safety	**Leadership & Change** a. Developing leadership b. Creating a vision c. Advocating for services d. Working collaboratively to build a service system e. Making commitments to action
22	179	1 2 3 4	a		a c	a	a c d e	a e
23	181	1 2 3 4	a c d	a b c d e	a b c d	a c d	a b c d e	a b c d e
24	183	2 3 4	d	a b c d e	a b c d	a c d	a	a b c d e
25	185	1 2 3 4	d	a b c d e	a b c d	a c d	c d e	a b c d e
26	187	1 2 3 4	a c d	a b c d e	a b c d	a	a b c d e	a b c d e
27	189	1 2 3 4	a d	a b c d e	a b d	a c	a b c d e	a b c d e

TRAIL GUIDE FOR PANELS AND OTHER PRESENTATIONS

ACTIVITY NUMBER	PAGE	PHASE	SKILLS AND KNOWLEDGE*					
		1 - Getting started **2** - Follow along **3** - Unexpected needs/crisis **4** - Transition	**Supporting Families** a. Identifying strengths b. Transferring skills c. Co-service coordination d. Identifying a vision for the future	**Developing Resources** a. Identifying services and supports b. Utilizing informal supports c. Creating options d. Mapping resources e. Building community inclusion	**Building Partnerships** a. Working in partnerships with families & providers b. Developing collaborative outcomes c. Exploring values d. Coordinating with community partners	**Facilitating Teams** a. Building a team b. Facilitating meetings c. Finding common ground d. Reaching consensus	**Self Care** a. Establishing boundaries b. Handling grief and loss c. Reducing stress d. Managing time e. Ensuring personal safety	**Leadership & Change** a. Developing leadership b. Creating a vision c. Advocating for services d. Working collaboratively to build a service system e. Making commitments to action
28	203	1 2 3 4	a b c d	a b c d e	a b c d	a	a b c	
29	205	1 2 3 4	a b c d	a b c d e	a b c d	a c d	a b	b c d
30	207	4	a d	a b c e	a c			a b c d e
31	209	4	a b c d	a b c d e	a b c d	a b c d	a b c	a b c d e
32	211	CAN BE APPLIED TO ALL AREAS DEPENDING ON THE TOPIC CHOSEN						

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*Communication (•One-to-One (e.g., jargon, people-first language, literacy, strengths vs. deficit approach, relaying difficult information) •Team (e.g., facilitation, reaching consensus) •Interagency) is a basic skill that underlies and is incorporated into all of the training activities.

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TRAIL GUIDE FOR POTPOURRI OF GROUP ACTIVITIES, PAIR PRACTICE, AND INDIVIDUAL REFLECTION

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33	217		a		d	a	a	e
34	221	1 2	a		a c	a c		
35	225	1 2	a c d		a b c d	a c		a b c d
36	231	1	b c d	a c	a b c	a c d		
37	233	1 2	a c d		a b c	a c d		a b d
38	235	2 4	c d	a b c d e	a c d			a b c d
39	237	1	a b c d	a b d	a b c	c d		b
40	241	2	a d	a c	a b c	a b c d	d	a
41	253	2			a b c	a c d		a b
42	255	2	c d		a b c d	a c d		a d
43	267	2			a b c d	a b c d		a b d
44	275	1 2	b c		c	b		b
45	279	2	a b c d	a b c d e	a b c d	a		a b d
46	283	2	a b c		a b c	a c		a
47	285	2 3	a b c	a b c d e		a c	a	a b c d e
48	287	3	c	a	a c	a	a c d	d e
49	291	2 3	c	a c	a c d	a	a c d	a b e
50	297	2 4	c	a c	a b d	a c d	a	a b c d e
51	301	3	a b c d	a b c	a c		a b c	
52	303	3	a c	a	a	a	a b c	
53	305	3	b c		a b c	a	a b c e	d
54	311	3	a b c d	a d	a	a	a c d	c
55	315	1 2 3	a c	a c d	a	a	a b c	d

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Pathway's Training Assumptions and Beliefs

Pathway's training is based on some basic assumptions about our audience and our role as trainers. As we explore specific training topics, these assumptions guide how we design training, and what we expect from the participants in training.

Participants Collectively Know the Answers to Their Questions

Our role as trainers is to design a training that creates opportunities and structures activities for dialog between participants which allows them to share their ideas and experiences, as well as problem-solve with each other. Participants learn best when their learning is interactive and relevant to their own experience.

Create a Safe Learning Environment

We need to create a safe and comfortable learning environment in order for people to be successful, to try new things, and to take risks. We do this by setting ground rules at the beginning of the training; the ground rules cover listening well, respecting other views, and trying to remain non-judgmental.

Making the Topic Relevant

There are many common themes across content areas in early intervention service coordination. The challenge is to be sure that the specific aspects of training are relevant to the group. For example, many programs have issues around teaming. However, concerns will be different for a center-based program in which staff see each other every day, versus a home-based program in which staff rarely see each other and are sometimes employed by different agencies. The discussion and solutions for each group will be different, although the questions and content may be similar.

Participants Know Their Communities Best

Another challenge is to ask questions that guide discussion and encourage participants to arrive at an answer that is relevant to them. For example, we cannot be experts on the resources and needs of every community in which we work. At the same time, we can share a broader perspective, based on our experiences that may contribute to the quality of questions asked or to the solutions or strategies found.

Be Flexible During Training

Take a break when the group says they need one or you will lose your evidence. If people need to talk about an issue that you were not prepared for, help them figure out how to get what they need. Acknowledge the issue. Incorporate a discussion into the existing agenda, or be clear about when it is an appropriate time for that discussion. For example, "That is a really good point you have made. It is beyond the scope of what we can talk about today, but might be included in next steps, or put onto the agenda for your next staff meeting."

Parent-Provider Training Teams Are Essential

Many of the discussions during a training involve family issues. Hearing the parent perspective directly from the source enriches the training experience. When parents are not included as participants in training, it is particularly important to have a parent trainer. Parents experience a child's disability differently than providers, thus they bring a different perspective to training. An experienced parent trainer can draw from examples in his/her personal experience that generalize to the discussion. Participant feedback from previous trainings consistently supports the value and insight that this training partnership brings to their experience.

Training Should Be Fun for Participants and Trainers

Activities that allow people to experience or practice a particular content area in a new or different way can be the most memorable parts of a training. Activities like these also keep the energy level up, so people are better able to pay attention and be ready to learn. Trainings are often an opportunity for support and validation of participants' hard work. Participants who leave with positive feelings have a good boost for the months ahead.

People Learn in Many Different Ways

Everyone has a preferred learning style. As trainers, we try to accommodate as many learning styles as possible by presenting material in a variety of ways, including written, visual, interactive and, reflective. A large group discussion might be supported with an overhead on the topic, or a small group discussion might be followed by a handout on the specific content area. A particular activity can be presented in a variety of forms, depending on what else has already been done. For example, a case study can be presented in written form, through a video, or by a parent presentation or role-play.

Pacing Is Also Important

Often this can vary over the course of a day, depending on a group's trust and willingness to take risks with each other as the training progresses. With this in mind, we may ask participants to work on abstract problems in a particular content area—such as a case study—as the first activity of the day. Then, later in the training they can move into activities that draw on more personal experiences.

Considerations for Parents as Trainers

Which Hat to Wear?

Parents as trainers have two roles to play, that of parent and that of trainer. When to be the facilitator and when to respond from the parent perspective is the challenge. Parents can draw on their own experiences to illustrate a point or bring in another's perspective. When and how to do this might need some prior thought or discussion with co-facilitators. It is helpful to recognize that parent trainers are often the voice for many parents and share not only personal experiences, but anecdotes from other families and broader family issues.

Parents Can Do More Than Tell Their Family Story

Training is an art and skill that is learned through a process of trial, error and mentorship. Parents are sometimes invited to step into this role with little or no background in training. Recognize that parents will need support as they take on this role. Telling their own story may be a beginning. Other parents have skill and experience with much of the content involved in service coordination, and can offer a perspective that is often helpful to participants. Sometimes parent trainers are viewed by participants as "safe" parents to ask questions about experiences and challenges that practitioners are having in their own work. It takes time and commitment to develop a training team that can fully utilize the various skills and special contributions of parent trainers.

Accommodate Parent Participation to Shape and Plan Training

The training team may spend a fair amount of time planning a training. Including a parent trainer in planning will enhance the family-centered perspective of the training. If the parent trainer is brought in to participate in specific trainings, additional resources will need to be budgeted in order to pay them for their participation in the planning process.

Using Personal Experiences as Examples During Training

One reason for training with an interdisciplinary team is to take advantage of different perspectives on the same topic. When co-training with a parent, it may be hard to know when to ask for opinion or experience about a topic, because the information often crosses the line into personal information. The information may be emotionally charged or intimate (e.g., about family relationships or responses). You don't want to catch the parent off guard. Being able to do this comfortably may need some advanced discussion. Each person needs to find his or her own comfort level with sharing personal information.

Parent View Discounted Because He/She is Seen as a "Professional Parent"

Unfortunately, the perspective of parent trainers is sometimes discounted by participants because the parent does not represent "those" families that interventionists may find most challenging. Recognize that most parents find aspects of their relationships challenging and that sharing from a parent's point of view about how they deal with such issues can be helpful. Helping participants acknowledge how differences in personal values affect how they perceive and judge other people can sometimes help people listen to parents and understand their perspectives.

Logistics for Participation May Be Great

When parents are occasional consultants rather than project staff, adequate time and reimbursement needs to be provided. Adequate notice of meeting times and the ability for a parent to participate by phone can be very helpful. If a parent is part of the training team, communication can be enhanced by setting up a computer and FAX in a home so that last-minute agendas for meetings, as well as written materials, can be available to the person who is not there. Reimbursement for travel and childcare is necessary to support parent participation on training teams for both planning and training activities. Parents whose children require a high level of care may have extraordinary costs associated with their participation in training.

Adult Learning Principles

Adult Learning Principles Guide Training

Principles of adult learning should be incorporated into all training development and presentation. The statements in the box on the following page summarize how adults learn.

These principles reflect the basic assumptions about the way adults learn, and optimize the likelihood that the content is relevant and practical. With these assumptions in mind, information is presented in a variety of forms including: articles, overheads, handouts, lectures, panel presentations, discussion, skits, role-plays, videos, case stories, vignettes, and games. Trainers will want to use a variety of training techniques to accommodate participants' preferred learning styles. Participants can be asked to explore the information individually, in small and large groups and through their own work or family experiences.

Adult Learning Principles

- Adults must want to learn.
- Adults will learn only if they feel a need to learn.
- Adults learn by doing.
- Adult learning centers on realistic problems.
- Experience affects adult learning.
- Adults learn best in an informal environment.
- Adults respond to a variety of teaching methods.
- Adults want guidance—not grades.

The training strategy or learning tool is selected with the desired result of the training in mind. The trainer may want to affect participant change at a variety of levels depending on their need, the purpose of training, etc. Anderson, et al. (1990) suggests four levels of trainee learning: familiarity, knowledge, understanding, application. Some recommendations for affecting change at different levels can be found on the table on the following page.

Involving Key Stakeholders in The Planning Process

As trainers, we may have been in the uncomfortable situation of having planned a training that did not reflect the needs of the participants. Consequently, the audience may have been resistant to the information, or may have even discounted it, because it did not apply to them. We don't often think of planning a training as a group process, but in fact a broad base of participation in planning a training can ensure its success.

Steps in The Planning Process; Who to Involve, and When

Get administrative support for your ideas as discussions about meeting goals for personnel preparation begin. Make sure that staff will be available to participate in planning and executing a training event. Also, be sure that the training calendar for your target audience is not too full, and that administrators will permit staff to attend.

1. Bring together a focus group to help you begin to identify the needs of the target group, and how the training will address those needs (e.g., desired outcomes, level of training, intended audience). If, for example, the target audience is service coordinators, consider involving:

    - service coordinators
    - parents
    - program administrators
    - regional agency representatives
    - state level Part C representatives
    - CSPD, UAP or other personnel preparation entities in state
    - higher education faculty involved in personnel preparation
    - representatives from any service coordination-related work groups or organizations within the state

    A focus group can be used to identify and prioritize needs. This group may be able to select the topic for the training and may also become the working group.

Learning Outcomes And Training Strategies

LEARNER OUTCOMES *What do you want people to gain from the experience?*	**PURPOSE** *What is the purpose for selecting a particular method?*	**STRATEGIES** *What training strategies can be used to reach the outcome?*
To Understand	Furnish with information	• Written materials/articles • Lectures (e.g., checklist, theoretical) • Diagrams • Question and answer sessions • Media presentations • Programmed instruction (CD ROM, self-instruction computer programs) • Field-based observations • Interviews • Panels
To Learn Skills (Do Something)	Help experiment and practice	• Problem solving stories • Demonstration and modeling (e.g., actual, simulated) • Role-playing • Debates and discussions • Stop action corrections • Learning centers • Simulated practice exercises (with or without props) • Worksheets • Practice with coaching and feedback
To Change Values and Priorities	Assist with inquiry into and observations of the old versus the new	• Rating instruments • Role-playing • Critique situations (e.g., written stories, films, videos, role-plays) • Structured games and exercises (e.g., to clarify values, set priorities) • Self-analysis/reflection
To Develop Capacity for Creativity	Experience innovation	• Brainstorming (anonymous and open) • Agendasetting process • Mental acuity exercises • Self-analysis/reflection • Unstructured games

Adapted from: Rosin, P., Wuerger, M.K., Schuals, L., Paisley, R., Sternat, J., & Ditscheit, J. (1991). Wisconsin ASHA Infant Team Project Report. Madison, WI: Wisconsin Birth to Three Personnel Development Project & Wisconsin Department of Health and Social Services, Birth to Three Program and Anderson, W., Beckett, C., Chitwood, S., Hayden, D., & Hitz, N. (1990). Next Steps: Planning for Employment Team Training Manual. Alexandria, VA: Parent Educational Advocacy Training Center.

2. Validate the findings of the focus group by surveying the larger community of service coordinators with a letter to a regionally diverse group. It can be as simple as a few questions about their training needs or as complex as a self-assessment based on competencies developed for service coordinators. The survey has two purposes: to get information from people in the field; to let them know what you are doing.

3. Bring a work group together to clarify the topic and agenda for the training, as well as the logistics. Be as broad-based as possible in your representation across agencies. For example, when service coordination is carried out primarily by the programs providing early intervention services, but interim service coordinators from another agency sometimes do the initial intake, then those service coordinators and their administrators should be represented at the training and in the work group. Even if all the people you invite cannot participate, keep them informed of progress after each meeting. This leaves the door open for continuing feedback to the group at the appropriate time. Sometimes, the lines of communication between providers and service coordinators from different agencies are not well established. Providing an opportunity to plan and participate in a training together can enhance the partnership-building process and clarify roles and information when everyone hears the same thing at the same time. Although somewhat more time consuming to plan this way, the training will inevitably be more successful.

Organizing a Training

Questions to Ask to Meet Training Needs

- What is the desired outcome or result from the training?
- What time is available for the training?
- What function will the trainer serve?
- Who are the participants of the training (background, history related to inservice trainings, feelings about attending)?
- What resources exist to support the participants to make the desired changes?

Strategies for Preparing the Training Participants

- Involve participants from the beginning. Send a pre-training needs assessment or include space on the registration form for participants to give their major goals for attending the training.
- Send a welcome letter and map if needed.
- Send a pre-training agenda or readings as appropriate.

Strategies for Preparing the Trainer

- Set up a timeline including all the tasks involved in getting ready for the training (e.g., marketing the event, preparing and photocopying materials, arranging logistical details).
- Make sure to know your participants' backgrounds and expectations so you can develop content and activities for the training agenda.
- Arrive with sufficient time to arrange and adapt the training environment.
- Think about the room arrangement and the organization of tables and chairs that allow the participants to see each other, trainers, and audio-visual equipment.
- Know how to adjust the room's temperature and lighting.
- Check all audio-visual equipment to make sure it functions well, and practice using it.

Basic Outline and Process for Training

In any group training there are a few components that are consistent and predictable, even when content may vary widely. As a new trainer, you may wish to better understand what some of these are, and how they help to assure that trainings go well.

Setting the Stage for a training is important. Paying attention to space, room arrangement and seating will set the tone for the training. A seating arrangement that has all chairs facing forward in neat rows will foreshadow a lecture format. Round tables set for six or eight participants is more casual and promotes discussion and group interaction. Consider what you wish to convey in your training, and organize or set up the room accordingly.

Beginnings are important. How you lead off the day will shape the style and content of the training. If you want participants to work together during the day, while problem-solving or planning, they need time to get acquainted and build trust.

Agendas, Nuts and Bolts, and Ground Rules all help participants become more comfortable with being in a new environment among people they may not know. There can be two different parts to sharing the agenda with participants. It is important to involve participants in the process by asking them to think about "what's in it for me?" For example, ask trainees to write down what they hope to learn and questions they want to discuss at the beginning of the event, and to identify *next steps* or a *Commitment to Action* at the end. This will help to anser this question. This process encourages participants to take responsibility for their learning, to reflect on their accomplishments during the training, and to set future outcomes. Developing a plan of how to put an idea or strategy into action prompts trainees to continue the learning process beyond the time limits of the training.

The second aspect of the agenda responds to the fact that adults like to know what to expect from the training. Therefor, it is a good idea to briefly cover what the **agenda** for the training will look like. A written agenda may be distributed, but it is best not to put specific times for activities, because you may need to flex or change the times you do things. (It's fine to put times on the trainer's agenda to help keep you on track). **Ground rules** are useful if the group will be covering topics that are challenging or of a personal nature. It also can make the facilitation process easier if you have set ground rules such as "no side conversations" or "one participant speaks at a time". **Nuts and Bolts** includes the information about the location of rest rooms, break times, smoking regulations, etc.

Introducing the content, or body, of the training is a natural next step. Usually some **didactic** information is useful to provide background and to frame the activities that may follow. Adult learners bring a wealth of information and experience to training. It is important that they have many opportunities to share with each other. As the training progresses, the activities that facilitate such an exchange increase in depth and complexity. There are many kinds of activities that allow this rich exchange of ideas and experiences.

Presenting information using variety in materials and techniques helps learners to find an avenue that best suits their own way of learning and remembering. Some people do well with verbal explanations, while others need to see or experience what is being said. Telling participants what to expect while going over it on a flip chart or overhead increases the chance of information being retained. Being creative with visual aids will engage more people for a longer time than merely talking to or at them.

Take time to put closure on your training. This can be as simple as a review and summary of the events and activities of the day, or can be more involved such as having each participant share something useful about the training that they will be able to take home and apply immediately. Depending on the experience and resources of the group, you may need to give people a chance to say their good-byes, show appreciation for each other or the trainers, and refocus their attention to the next step. Making commitments to action or reflecting on highlights of the training in a journal format are other ways of providing closure. Asking participants to complete an evaluation is also part of this process. Prepare for the closing of the day or the event, because this will be freshest in the mind of participants as they leave.

Some Useful Activities For Training:

Brainstorming: gets lots of ideas from a group with very little risk taking (especially if you have a ground rule that says no judgment or put-downs), and validates what people already know. This can be done in a large group or small group activity.

Small group process: gets participants working together and discussing or problem-solving on a small scale. Usually, this ends with someone reporting the results of small group work to the larger group. You may ask the group to designate a reporter as they begin their work together, and remind them to get ideas from everyone in the group.

Role-play: is more of a high-risk activity, especially for some people, and is best introduced later in the training when participants are more comfortable with each other and confident about their skills. People who are very uncomfortable with this have the option to pass (which may have also been stated in the ground rules). Role-plays are an effective way to problem solve, build skills, and enhance teamwork (See *Role-Plays or Demonstration Practice* on pages 75-76 in *Stories as Effective Tools for Instruction: Videos, Vignettes, and Role-Plays*).

Case study: A solution-finding framework using case studies or stories is a powerful technique for moving from theory to practice. These complex accounts highlight the issues and challenges that confront consumers and providers working toward family-centered care. The use of a solution-finding framework affords trainees an opportunity to practice problem-solving and decision-making (See *Why Use Stories in Instruction?* on pages 59-62 in *Stories as Effective Tools for Instruction: Videos, Vignettes, and Role-Plays*).

Fish bowl: is a way of demonstrating for a large group, while using only a few of the participants. The people who agree to participate/demonstrate are located in the center of the group. They actually go through the process work while the remainder of the group sit in chairs surrounding them and observe (thus the name "fish bowl"). The entire group may be involved in the processing of the activity. This method is particularly useful when you have a very large group, and don't have time or space to break them into small groups for an activity.

Dyads: can be used as a way of having people share information with each other that they may not feel comfortable sharing with a larger group. Dyads are also useful as a way of increasing the depth of relationships when people will work together over a period of time. Dyads are often used in warm-up activities, in interpersonal sharing and as a way of personalizing a particular exercise.

Varying the size and configuration of groups allows trainers to effectively meet the learning styles of a diverse population. It makes the training more interactive and empowers the learner to take a more direct role in the training process. It is important to consider what the desired outcome is for a particular content piece, and then choose an activity that will compliment it. As you become more experienced in group facilitation, you will be able to recognize the usefulness of these tools and use them to enhance learning for all participants.

Evaluation: Why, How and When?

When we decide to do training, much effort and time are spent in planning the content, arranging for facilities, and getting materials ready. Some kind of evaluation of the event is usually put in as part of the final training wrap-up, but the thinking for this should really occur at the beginning. Before you ask participants to complete an evaluation form, there are some questions you need to answer. Evaluation for the sake of evaluation is not useful and not a good use of participants' time.

WHY Are You Wanting to Evaluate this Training?

Your answer to this question will help you shape the questions you ask or the information you collect. Will you be repeating it at a different time and want to make changes? Does your funding source require some kind of written documentation of the event? Do you want to use the information for a research project or grant proposal? Do you want feedback on your effectiveness as a trainer from the group participants? Any or all of these things may be useful; they will also shape the kind of evaluation piece you design.

HOW Do You Want to Do the Evaluation?

Keep in mind that the shortest and simplest evaluation will net you the highest return. People are usually reluctant to stop and write out a lengthy evaluation at the end of a training day. Using questions that can be answered by checks or by circling the correct answer is one way of simplifying things. Decide what you really need to know about the effectiveness of the training, and direct your questions to those points. You don't need to ask a question about the quality of the facilities if you do not plan to train there again, or have no control over it. Focus on the content--something you do have control over. Asking a few open-ended questions can give participants an opportunity to provide more specific information and to take more time completing the evaluation if they wish. Questions such as "What did you find useful in this training that will help you perform your job better?" or "What would you like to see changed or done differently about this training?" can provide people with the option of giving detailed information if they so choose.

WHEN Do You Want People to Evaluate the Training?

Evaluations are not always done at the end of a training. They can be done as you go along. It is harder to recall the earliest events of a training, although they may have shaped the rest of the day. If you wish to know how useful each piece of the training is, you can give participants time during the day to make notes or complete an evaluate of an exercise or block of time. You may not want to evaluate each small piece, but perhaps just the morning session or the afternoon one. You may also include information in your questions that remind people about the topics of the earlier sessions. An example: "The introductory piece led by Miranda included agenda-setting and warm up activities; please indicate if you found this information useful." Rank on a scale of 1 (being the lowest) to 5 (being the highest).

You may also wish to measure the effectiveness of a training by doing a survey several months afterward to see if participants are using the information or skills that were taught. The important thing is to define the purpose and how you plan to use the information, and reflect that in the evaluation itself.

Evaluation and Follow-up Summary

- Leave time for participants to write a Commitment to Action or use another method to encourage them to think about how they will apply an idea from the training.
- Provide strategies or suggestions for participants to have remaining questions answered or unmet outcomes met.
- Ask participants to evaluate the training.
- Summarize the evaluations and share with appropriate stakeholders.
- Send any follow-up materials promised during training.
- Write thank you letters to invited speakers.

Challenges Encountered in Group Facilitation and Strategies for Coping with Them

There are a variety of challenges that can present themselves while working as a group facilitator or trainer. The common denominator in most of these is the element of surprise. As the person responsible for training, we often become so absorbed in the content of our material that we may not notice what is going on around us. Following are challenging situations and circumstances to be aware of when working with groups.

The Challenge: Behavior of participants may become disruptive or inappropriate (such as side conversations or the use of language that devalues the thoughts and ideas of other participants).

Things to Consider: As the group facilitator, it is your responsibility to interrupt such behavior. It risks the attention and safety of the group if it is allowed to continue, and seldom goes away if ignored. Ask that side conversations be held elsewhere or that the comments be shared with the larger group. If inappropriate language is used, such as racist or sexist statements, bring it to the attention of the group without shaming or blaming the people who made the statements. You might say, "I notice that some people seem to be angry about the lack of participation by fathers in families who have children with disabilities. It is important that we respect all people and try to understand what gets in the way of their participation, rather than blame them for what they are unable to do. Can we talk about this in a way that reflects that?"

The Challenge: One or two people dominate group discussions or heavily influence group decisions and limit full group participation.

Things to Consider: Once again, the way this is facilitated by the trainer can determine the outcome of the training. If we really believe that everyone in a group has something to contribute, we need to be sure they have the opportunity to do so. If one person always responds to your questions or consistently takes leadership in the small group process, it is worth noting and changing. At the first opportunity, explain that is it important to hear from everyone (and anyone can "pass" if they choose not to speak). Then ask a question that gives each person an opportunity to say what they are thinking, experiencing or feeling. It may also be necessary to say "Thank you for your ideas (suggestions, thoughts), and I'd like to hear how others in the group are dealing with this problem (issue, idea). Can others in the group respond to this?" Or, you may even need to be more directive by saying: "It's important to get to everyone's ideas or thinking on this issue, so I'd like to ask those of you who have already spoken to give others a chance to share." If the situation does not improve, it may be time to have a one-on-one conversation with the person who "over contributes" to a discussion. Tell the person that his or her enthusiasm is appreciated (or not) and request that they wait until others have spoken before giving further opinions.

The Challenge: Differences in values between participants and the facilitator may surface during training. If a group does not believe that parent-provider partnerships are important, or that families should be the primary decision makers in planning, it can be uncomfortable for the person who is leading the group.

Things to Consider: Exploring common values ahead of time is the most effective way to short cut problems. However, if value issues do arise during a program, it is best to name them and discuss them openly with the group. Being honest about your perspective as a trainer is important to the integrity of the group. Confronting difficult issues head-on lets participants know that the program or training is a good place to air differences respectfully, even if the group does not come to complete agreement. Remind participants of the "ground rules:" no interrupting, really listening to what is being said, no "put-downs" etc. You may also want to limit the time that can be given to such a discussion during a program. Invite people to explore these issues further at break or over dinner. If someone says, "I'm disgusted with 'those parents' who won't show up for meetings (or who abuse their children, or who spend their paycheck on gambling)," you may wish to address the values issue here. 'Those parents' covers a lot of ground and blames a lot of people. Try to help the group notice how difficult it is to live with economic or racial oppression and what they might do to help address the issue and not blame the person.

The Challenge: It can be difficult to have confidence in your expertise as a trainer and your knowledge base in many different areas. Do we know enough about transition, or grief, or advocacy to teach and train others?

Things to Consider: Before you panic and launch into a full scale effort to become an authority about transition in early intervention, or before you spend hours or days doing research, take some time to reflect on what you already know. You don't get to this point in life without going through several transitions of your own. Use these experiences, good or bad, as a jumping off point. Trust that others in your group will also have this information to draw on and share. If you need supplemental information or resources to enrich your training, then take time to gather it after you have looked within. Invite experts in a particular area to share information. Don't expect to know everything there is to know about all subjects in early intervention. Use your audience, their knowledge and their experience to supplement and enrich the topic under discussion. Using handouts can provide more specific or detailed information than you may be able to cover in a verbal presentation. It can also provide participants with referral resources for when they leave the training.

The Challenge: Participants seem to be losing interest in the training, are becoming distracted, fidgety, restless or bored.

Things to Consider: Look for the simplest solution first. Has the group been in one place for too long? Is it time for a break or an energizer? You can find out by asking. Changing the flow can bring the group back to attention. If the problem is more significant, such as dissatisfaction with the material or presentation, it's time to do a more in depth check-in and involve the group in a change in the direction and outcomes for the day. As a

General Facilitation Tips

- Be available to greet participants.
- Get the participants to "buy in" to the training by thinking about why they are there and what they want out of the training.
- Stress that the training is interactive.
- Acknowledge participants' experiences and knowledge.
- Ask the group to help set ground rules for the training.
- Customize your training based on participants' needs, background and setting.
- Encourage participation.
- Vary your training methods to meet different learners' needs.
- Stay focused on the training topic. Use techniques to get people back on track while acknowledging the importance of the issue and also develop a method to deal with a particular issue outside the context of the training, if necessary.
- Use questions to stimulate discussion and to encourage participants to address their own challenges.
- Think through strategies to use when participants get stuck on an issue.

facilitator, you may be able to make some changes, but not others. You can maintain the integrity of your program while modifying pieces of it to respond to needs of participants. Once you know the issues, take a break and give yourself time and space to think through the modifications. Work with your group to find common ground.

Excerpts from this section were developed by the Pathways Project staff, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

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WARM-UPS AND ENERGIZERS

Introduction

Warm-up activities and energizers are useful tools in any training agenda. They bring the group together, often in a playful way, for a short exercise or task. Warm-ups and energizers help to build trust, acquaint participants with each other, and set the tone for the training program. They also serve to lift the attention of the group when it lags because people have been sitting for too long, or have been concentrating for an extended period on a particular issue.

Warm-ups are often used as part of the introductions on a first day of training, or replace them on subsequent training days. Using a warm-up as an introduction provides an additional opportunity to set the tone for a training, relate the topic to a participant's personal experience, or bring people's attention to the topic at hand.

The choice of warm-up activities is endless and can be shaped by the size of the group, the space and materials available, and the creativity of the facilitator. They can be as complex as presenting a skit together, or as simple as telling a personal story about the significance of a family name or a recent accomplishment. The use of a metaphor to describe or relate an experience, the use of signs or drawings to tell a story, the pairing up of participants to share information, are all ways of involving participants in a safe and enjoyable way.

Energizers serve a somewhat different purpose and are exactly what the word indicates: a way to get the blood flowing, the breathing accelerated, and the mind alert. In any lengthy program, the attention of the participants will eventually wander if not continually stimulated. Just after a noon meal, or in the late afternoon, it may take more than a cup of coffee to keep group interest. These are times when an "energizer" can be useful. Energizers involve physical movement of some kind. People are asked to get up out of their seats, away from tables, and do something with their bodies and perhaps with each other. This can range from simple body stretches, circle back rubs or other gentle movement, to more vigorous exercises and games.

The choice of energizers may be determined somewhat by physical abilities of the group or the space available for movement, and the willingness or eagerness of the group to be moved. Invariably, there will be a few participants who would prefer to remain seated and are reluctant to participate in such an activity. It is best for group dynamics to have everyone's participation, but if a participant is not feeling well or wishes to observe, the choice to do so is respected.

Warm-ups and energizers are tools to infuse participants with greater comfort and familiarity in working together to accomplish learning or the completion of a task. They are the "mustard on the sandwich," not the filling, and should be used judiciously and appropriately throughout any training experience.

The warm-up activities and energizers in this guide have been used in a variety of presentations by Pathways staff. However, they are not designed to be the "end-all" in such activities, but rather a jumping off place. They can be modified or embellished in ways that make them more useful to the group and the situation.

Facilitation of these activities requires a comfort level of some daring. You are in a position of asking people to reveal themselves in perhaps unfamiliar ways, and this may be uncomfortable or fearful for some participants. It is important to acknowledge this and to encourage a more playful attitude about warm-up or energizer activities. You also need to model exactly what you are enviting and expecting participants to do. If you do it first, they understand what is expected, and are more willing to risk their own participation. If you are unwilling to do it yourself, then don't expect others to do it.

The processing of activities can be as important as the activity itself. Often the choice of a warm up is also a lead-in to what will follow in the training. The questions you ask people to share may relate to the topic at hand, or may be a complete distraction, depending on what is needed at that point. Asking participants to share how they are feeling about something they have just done can help them reflect on their own process, and to make connections to how others might feel in a similar situation (more comfortable, less anxious, surprised or curious). It also can provide meaning or context for what you are doing with a group; and that helps participants feel a greater trust in you as a facilitator (purposeful silliness as apposed to random silliness).

Summary

Warm-ups and energizers are a small but important piece of training activities and should be approached with a sense of openness and experimentation. They should be an enjoyable piece for the trainer as well as the participants.

Warm-Up
Getting Acquainted: Circles in Motion

What Will Be Learned?

This is a structured activity for participants to chat briefly with several other members of the group, and to gain some personal information about each other.

How Long Will It Take?

10 to 15 minutes.

What You Will Need

A willing group of participants.

Instructions

This activity is best done in a group of 25 or more participants. Have the group count off by two's. All people who have the number 1 are to form a circle facing the center. All those who have the number 2 are to form a circle on the inside of the number one circle, facing out. (This results in two circles, one inside the other, with participants facing each other.) There must be an even number of people in each circle so that the person you face in the other circle is your partner in answering questions. Now that the logistics are in place, you may move either circle and ask participants to share interesting information with their partner, then move the group again. Example: "Tell your partner about a person in your life who challenged you." "Tell your partner about the best vacation you ever had." "Tell your partner about a dream you have that you would like to do in your lifetime." With each new statement, the group shifts two or three people to the right or left. The purpose is to give people a chance to share information, to talk and listen to each other, and to get more comfortable with various members of the group. The number of shifts in direction will depend on the amount of time you have to do the activity, and the amount of time you give the dyads to respond to each other. Some statements will require allowing a longer time to share.

Talking Points

- We work most effectively with others when we understand more about them, what they believe, what they value, what they are concerned about.
- We can look for opportunities every day to share this kind of information with each other.
- Some information is more easily shared. Were there any statements that were uncomfortable to share or difficult to respond to? Were there other things you would like to ask your partners? You can continue these conversations when we have a break or over meals.

Developed by the Pathways Project staff, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

Warm-Up
Telling a Story About Your Name

What Will Be Learned?

This warm-up activity is a way for participants to meet those at their table with whom they will be interacting during the course of the day. It helps to set the tone for the workshop and allows people to notice the individual histories that we each bring to a relationship.

How Long Will It Take?

About 2 minutes per person. In tables of 6 to 8 people, about 10 minutes.

What You Will Need

No materials.

Instructions

Ask participants to introduce themselves to each other by telling a brief story about their name. It can be their first, last, nickname, maiden or married name.

Summarize the warm-up activity by acknowledging diversity or similarity within the group and expanding this to working with families. "The families you work with will each come with their personal stories, histories, and values. Recognizing the meaning of our own stories will help us to recognize the meaning of the family's story."

Talking Points

- Think about sitting at the table with a group of people you don't know. How did it feel different before the activity, versus after each person had a chance to talk?
- How we begin a meeting is important. Whether one-to-one or as a larger group, it is good to begin with a leveling activity and to give everyone a voice before you get into the agenda.
- Was there humor in any of the "name stories?" What did that do to the feeling in the group?

Developed by the Pathways Project staff, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

Warm-Up
Visualization Introductions

What Will Be Learned?

Participants will be introduced to each other not only by name and focus, but also by sharing a personal story. This helps to focus the participants on what you will be talking about during the training session.

How Long Will It Take?

10-20 minutes.

What You Will Need

No materials.

Instructions

Acknowledge that since this session focuses on the principles of service coordination, it makes sense to have participants reflect on their own experiences. We all have some experience with service coordination, either as a provider of services or as a receiver. Being aware of our own feelings can help us to be more effective in working with families of children with special needs.

Ask participants to close their eyes and visualize a time in their lives when they needed help from a professional. It might have been when seeking medical care, when enrolling a child in preschool, obtaining career advice or facing a loss. Now ask participants to reflect on what was helpful to them during this time. What was it that a professional did for them that was helpful? What was not helpful?

Talking Points

- Have the participants introduce themselves and briefly share what came up in their visualizations.
- Summarize by pointing out that whether you are a parent of a child with special needs or an individual facing cancer (for example), your human needs are very similar. We need to have providers listen, acknowledge, and address our concerns. Reflect on your own practice and how you now do the things that you appreciated when you were on the receiving end of care.

Developed by Amy Whitehead, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

Warm-Up
What Kind of Animal Would I Be?

What Will Be Learned?

This anthropomorphic warm-up can be a fun way for participants to introduce themselves. For groups who don't know each other, it helps them remember each other. It is a non-threatening way to explore how we work with each other in implementing service coordination, by examining what we value and projecting it onto the characteristics of an animal.

How Long Will It Take?

About 15 minutes.

What You Will Need

No materials.

Instructions

Discuss and emphasize that:

- Service coordination begins with our individual beliefs and practices.
- The warm-up is fun and allows participants to get to know and remember each others' names.
- This activity helps participants think about how they work with others.

Provide directions for the warm-up by asking participants to reflect on the following questions:

- As a provider, what kind of animal do you want to be in working with families, and why?
- As a parent, what kind of animal do you want to be in working with providers, and why?

If time permits, ask each participant to respond if time permits, or ask participants to share their ideas with someone next to them and then ask for 5-10 participants to share their animal.

Talking Points

Briefly process the warm-up by asking participants to reflect on the animal they chose and how it may represent their beliefs in working with others in a family-centered way. An example might sound like this: "I would choose to be like a fox when working with families, because I need to be cunning and persistent in finding resources for families."

Adapted from an exercise by Larry Edelman.

Developed by the Pathways Project staff, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

Warm-Up
Getting Acquainted Bingo

What Will Be Learned?

Participants have an opportunity to meet other participants and learn a little bit about each other.

How Long Will It Take?

During registration, give participants the handout *Getting Acquainted Bingo*. About 10 minutes before convening the workshop, remind participants about the activity and the time left to get Bingo. Take about 5 minutes to process the activity during the Introductions to the Day.

What You Will Need

- *Getting Acquainted Bingo* handout
- A number of gag gifts or prizes for winners (optional)

Instructions

Ask those at the registration desk to give participants the *Getting Acquainted Bingo* handout and encourage people to participate. Ten minutes prior to convening the workshop, remind people of the time and again encourage them to introduce themselves and see if they can get Bingo. You might encourage them by saying you have exciting prizes for a few lucky winners. As you begin the session spend about 5 minutes finding out who got Bingo. Who got more than one Bingo? Was there a particularly hard box to complete? Distribute the prizes.

Variation:

The content of the Bingo squares can be modified to tailor this activity to the group you are working with. It can have a parent focus, a provider focus, or a series of bingo blocks that relate just to dads. It can be both challenging and fun to come up with ways to use this for a new audience. The talking points need to reflect changes you make in the information requested in the Bingo squares.

Talking Points

- A fun way to get to know each other.
- Did anyone learn something new about a person at the workshop?
- Was it comfortable introducing yourself? What made it comfortable or uncomfortable for you?
- Remind people that as service coordinators there are ways to make those first meetings more comfortable for ourselves and for families. You might ask people to name a few things that make introductions comfortable.

Handouts

Getting Acquainted Bingo (see samples attached)

Developed by the Pathways Project staff, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

Getting Acquainted Bingo

The object is to get acquainted by completing a row, column, or diagonal with four signatures that match the requirements listed. A person may sign your sheet only once, even if they fit more than one box. When you have signatures in a full row, column, or diagonal, that is a bingo. See how many of the 10 bingos you can get.

Someone who has more than 3 cats or dogs	**Someone who has taken an interesting vacation**	**Someone who goes bird watching**	**Someone who reads mystery stories**
Someone who can name the lead agency for early intervention	**Someone who finds time to be outdoors**	**Someone who is bilingual**	**Someone born west of the Mississippi**
Someone who was born in the same place they are now living	**Someone who is a parent with a child with special needs**	**Someone who plays a musical instrument**	**Someone who started their job within the last year**
Someone who likes to act	**Someone who has had a massage recently**	**Someone who has been a service coordinator/ case manager for over ten years**	**Someone who eats desserts first**

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Getting Acquainted: Family-Centered Care Bingo

The object is to get acquainted by completing a row, column, or diagonal with four signatures that match the requirements listed. A person may sign your sheet only once, even if they fit more than one box. When you have signatures in a full row, column, or diagonal, that is a bingo. See how many of the 10 bingos you can get.

Someone serving on their advisory committee or board	**Someone whose program has a consumer satisfaction survey**	**Someone who had a special fun time with their child this week**	**Someone whose program or agency provides parent-to-parent support**
Someone who can define family	**Someone who has parents hired on staff**	**Someone who had a break (respite) from family responsibilities recently**	**Someone who had training in family-centered care when in school**
Someone whose agency or program has a vision statement	**Someone who is a parent with a child with special health care needs**	**Someone who spent time with their extended family this week**	**Someone who provides home-based health services**
Someone who works in a hospital	**Someone who can name one MCH guiding principle**	**Someone who can name one family-centered practice**	**Someone who took some time for themself this week**

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Warm-Up
Setting Ground Rules

What Will Be Learned?

Through this warm-up, participants determine what needs to happen for them to create a safe climate to discuss sensitive, personal or difficult issues.

How Long Will It Take?

About 20 minutes.

What You Will Need

Flip chart and markers.

Instructions

Discuss and emphasize that:

- working toward family-centered care is a process that involves reflection on our own values, skills, knowledge and practice.
- discussing our own issues, challenges and practices in working toward family-centered care during a training can involve personal disclosure and can feel uncomfortable.
- the purpose of this warm-up is to create a safe climate to discuss sensitive, personal or difficult issues.

Ask participants to sit in a circle and close their eyes and relax. (If people do not feel safe closing their eyes they can just look down at the floor or their hands). Ask them to take several slow deep breaths and to relax their body.

Ask people to think of something personal that they might have difficulty talking about with this group. Assure participants that they will NOT be asked to share this information! What would it feel like to tell this group and what would have to happen for it to feel safe enough to talk about it? What rules would have to be in place or agreed to by everyone? Give participants a few minutes to sort this out with their eyes closed, then ask them to take a deep breath, open their eyes, and return to the group. Ask people to share what it felt like to imagine telling this group their story. Ask the group to develop a set of rules that would make it feel safe for everyone to share personal or private experiences. Put this list on a flip chart and post it in the room. These rules should include, but not be limited to: confidentiality; no name calling; no judging; right to pass; okay to disagree; okay to express feelings. Use these ground rules to guide the group as they work together.

Talking Points

- Most people find it difficult to share personal information with a new group.
- It is important for people to have a sense of trust with each other if they are going to do serious work in problem solving or planning.
- Establishing guidelines for a group makes it safer for everyone to participate fully.

Acknowledging the vulnerability and tentativeness of a new group and then creating a structure for moving forward together enhances the outcomes, experiences and the process of the training.

Developed by the Pathways Project staff, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

Energizer
"Who Knows...?"

What Will Be Learned?

Participants will have the opportunity to share with five different people some personal observations related to the topic at hand. This can be a playful way to share information. It is also good as an energizer and can be used during a low energy period in the workshop.

How Long Will It Take?

20 minutes.

What You Will Need

You will need some mechanism to get the group's attention between each paired grouping.

Instructions

This activity is best in groups of 15 or more with participants who know very little about each other or are coming together for the first time. Explain that they are encouraged to talk to five different people during this activity. They will get about one minute each to respond to the question (you can extend the time for discussion if you have more time available, but it will easily take 15 minutes as is).

1. Find someone who has a **"thumb"** like yours and then take turns telling each other **"thumbthing"** important about the work you do and the way you do it.

2. Find someone who has **"eyes"** like you do. Share with each other something **"eye(I)"** would like to do if I won the lottery.

3. Find someone (else) who has **"knees"** like you do. Share with them something you **"kneed"** to accomplish or work on in the next month (can be personal or professional). Or, share something you "need" to get out of this presentation to feel good about it.

4. Find someone who has a **"nose"** like yours. Tell them something that they might want to **"know"** about you if they were going to work closely with you on a project (or take a long trip with you).

5. Find someone who has **"feet"** like yours. Share with each other a **"feat" or accomplishment,** something you are proud of that has happened during the past year.

Note: The questions can be modified to fit the situation, as long as you keep the key words to play off of. Participants should have a couple minutes each to respond to the questions after they "find" each other. The group does not need to do all five questions, depending on time available, but should be given time to do at least three of them. Be prompt in calling the group back together between each new question, as some people will get deep into conversation. Also be sure that both partners get a turn to speak. You can use a timer and tell them to switch if that is helpful. This activity can move along pretty quickly and serves to get people moving around and energized. If used early in the workshop it can get participants acquainted , at least marginally, which will help when they work together later.

Talking Points

- What were some of the things people identified?
- Have them make some notes about what is important to them.
- Highlight the importance of humor in taking care of ourselves.

Developed by the Pathways Project staff, originally printed in: Rosin, P., & Whitehead, A. (1996), Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

Energizer
The Human Knot

What Will Be Learned?

This energizer can be used to highlight how people work together toward a goal, and can be applied to their roles on teams implementing family-centered care. It is also a way to get a small group of people working and playing together quickly, breaking down the barriers of personal reserve that sometimes slow down the getting-acquainted process.

How Long Will It Take?

15 minutes.

What You Will Need

Small groups of 8 to 10 people.

Instructions

Ask participants to stand in a circle, shoulder-to-shoulder. Before you ask them to reach across and take the hand of someone who is standing across from them, check to see if anyone has any "ouch" points, such as sore shoulders, wrists, fingers, etc. that the group needs to know about. After each has connected with a person across the circle, have each take the hand of a different person in the circle who is not directly next to them. Tell the group that the goal is to untangle themselves without letting go of anyone's hand. They can rotate their grip to a more comfortable position but should not lose their connection. Caution participants to be careful with each other and to let each other know if a position or movement is uncomfortable or painful. This untangling process should result in a single circle, or sometimes two interconnected circles.

Talking Points

Process the activity and connect their experiences during the activity to team processes such as communication, problem-solving, decision-making, and leadership. Ask participants to reflect on the role each assumed during the activity.

- How does it feel to be physically close to someone you don't know well?
- How does this relate to the teams you work on?
- What did you learn about yourself?
- Were you able to let others know your ideas or needs?
- How did it feel to work together toward a common goal?
- Were your suggestions for solution-finding listened to and implemented?
- Was your group able to make any modifications to meet the special needs of its members?
- How can you use what you learned today in your work environment?

Energizer
I Like That Too!

What Will Be Learned?

This is an activity that gets a group moving quickly in a playful way and can be used as an energizer to increase heart rate and breathing. The goal is to gain better attention for the topic at hand or one about to be introduced. It will also help with name recognition, and will provide a bit of information about who in the group has similar likes and dislikes.

How Long Will It Take?

10 to 15 minutes.

What You Will Need

8.5" x 11" pieces of paper for each person to stand on (one per person).

Instructions

Participants should stand in a circle (not more than 20 per group) on a piece of paper. There should be one person in the center without a paper to stand on. (This is similar to the arrangement for "musical chairs," with which you may be familiar.) The person in the center will introduce himself or herself with the following statement: My name is__, and I like__, and I like people who like __(the same thing)." So it would sound like this: My name is Meredith, and I like chocolate chip cookies (or the Green Bay Packers, etc.), and I like people who like chocolate chip cookies. At this point, any participant who agrees with this will move from his or her paper to find a new one to stand on. They cannot move to the paper directly next to them, however. The person in the center tries to quickly find a spot in the circle, leaving a new person in the middle. The object is to give everyone a chance to be "it," so if a person has had a turn in the middle, and finds himself/herself there again, he or she gets to choose someone who hasn't been in the middle. There should be much scrambling between spots when each *like* is announced. If the item mentioned is something you don't like, he or she may remain in place. When everyone has had a turn in the middle, the game is done.

Talking Points

- It is important to get the participants to "buy-in" to the playfulness of this activity. It is an opportunity to give the adult self "recess."
- It is also important to remind participants to be careful of each other during the scrambling between slots, being sure no one gets bumped or knocked off-balance. This is something to notice with the group when the game is complete.
- Were there any surprises in the things people "liked?"
- How do you feel about someone who likes the same things you do? Safer? More relaxed? Competitive for the same resources?
- How does this relate to working with families?

Energizer
Mirrors

What Will Be Learned?

This activity is a way for participants to become aware of body language and nonverbal communications. Participants can also reflect on their comfort level on leading and being led during the activity. It helps to energize participants by using movement.

How Long Will It Take?

10 minutes

What You Will Need

No materials

Instructions

Ask participants to work in pairs. Identify one person as the leader and the other as the follower. Stand facing each other. The leader begins to move his/her body (arms, legs, feet, face, hands) in slow motion while the partner "mirrors" the movements. After about two minutes, pairs reverse roles. You may choose to model the activity, and then ask people to participate.

Talking Points

Process the activity with these questions:

- How did it feel to be the lead person and have someone in harmony with you?
- What was difficult or easy about it?
- How might this activity relate to working with family members as a service coordinator or case manager?

Energizer
"Raindrops Keep Falling..."

What Will Be Learned?

This is a tactile energizer that can be quite refreshing to a group that has been inactive for an extended period and may be losing their attention.

How Long Will It Take?

5 to 8 minutes.

What You Will Need

Enough room to form the group into a close circle.

Instructions

Have everyone get up from their seats and stand shoulder-to-shoulder in a circle. Next, have everyone turn to the right and lay their hands gently on the shoulders of the person in front of them, then tell them to close their eyes and take a deep breath and let it out. Now tell them this story: "It is beginning to gently rain and the patter of it falls gently from the fingers to the shoulders beneath. As it begins to rain a little harder, the raindrops (fingers) fall with greater force and begin to run down the back. Then it really starts to pour and the hands fall lightly on the shoulders." (No one should be hurt in any way by the back drumming). "Then the rain begins to let up and the raindrops lessen in intensity until they are just gently falling again. Finally the sun comes out and you gently sweep all the rain from the shoulders, back and upper arms. Open your eyes and return your focus to the next part of the training." Or, have everyone turn around and repeat the process with the person to their left, thus giving a back rub to the person who just gave them one.

Talking Points

- Touching is one of the ways we nurture each other.
- Touching must be done with respect, with permission, and with the agreement that if the receiver is in any way uncomfortable, it is up to him or her to inform his or her partner.
- This is an opportunity to both give and receive touch in a non-threatening way.

Energizer
Group Juggle

What Will Be Learned?

This activity is a stimulating way to get a group of 12 to 20 participants engaged while requiring quick thinking, some physical dexterity, and increased name recognition.

How Long Will It Take?

Up to 15 minutes.

What You Will Need

This game requires five objects of various configurations that can be easily tossed and caught without hurting anyone. A soft ball, a soft toy or stuffed animal, a handkerchief tied in a knot, a "kush ball," a stuffed sock or similar items work well.

Instructions

Have everyone stand in a circle. Begin by calling out the name of a person across from you, being sure you have their attention before you throw the first item to them. Ask that person to throw the object to someone else across from them, calling out the person's name while throwing. Continue this way until everyone in the circle has had the object once. Do not throw the item to the same person more than once. You should have established a "pattern" of always throwing to one person and receiving it from another, repeating names as the item is tossed. Do this two or three times to be sure everyone understands who they are throwing to and receiving from. The person who begins the toss should be the last person in the circle to receive it.

Now begin adding an item every second or third round until you have all five items being tossed across the circle. It is much like a juggling performance. If someone fails to catch an item, he or she retrieve it and send it on. This activity can produce much laughter, calling out of names, and semi-vigorous movement. You can call a halt to the game by catching each object as it comes to you and not sending it on. The group members can then return to their seats.

Talking Points

It is important to have the participants notice how the pace picks up and the confusion increases as the game progresses.

- Did they notice their attention increase?
- Did they feel frustrated when several items were being tossed?
- Were they able to rise to the challenge as more items were added to the circle?
- Ask how this could be a metaphor for the role of a service coordinator or for a parent coping with multiple intervention or support people.

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STORIES AS EFFECTIVE TOOLS FOR INSTRUCTION: VIDEOS, VIGNETTES, AND ROLE-PLAYS

"In universities people know through studies. In business and bureaucracies people know by reports. In communities people know by stories. These community stories allow people to reach back into their individual experience for knowledge about truth and direction for the future." (McKnight, 1992)

Why Use Stories in Instruction?

A story, or a "case-based method of instruction," is an effective and preferred method of instruction because it:

- Provides dialogue about real-world situations;
- Offers opportunities for solution-finding, consensus-building, and decision making;
- Offers practice of interpersonal and communication skills in a safe place;
- Allows for an exchange regarding personal beliefs and values.

Stories Provide a Dialogue about Real-World Situations: Each of us has a personal story made up of our life experiences, knowledge, beliefs, goals, perceptions, customs, and values. It shapes who we are, how we think, and what we do. This is true for service coordinators and families, as well as for the teams and programs we work with in providing early intervention service coordination. (McWilliam & Bailey, 1993)

Every person involved in early intervention service coordination could tell a myriad of stories that illustrate the many and complex issues and challenges they face in navigating services, supports, and resources. In this section, a few stories that were developed for trainings are shared. Consider developing your own stories to make them more realistic and relevant to the participants. Included is an example from New Mexico where service coordinators from across the state were asked to submit scenarios they wanted addressed in the training. The issues were distilled into two stories (see pages 127-129).

Stories Are Opportunities for Solution-Finding, Consensus-Building, and Decision-Making: Essential service coordination skills are solution-finding, consensus-building, and decision-making. Stories provide a common situation that can be used to practice these skills. Using a solution-finding framework, participants are guided through a process that enhances these abilities. The solution-finding process takes participants through a logical series of steps listed in the box below.

The Solution-Finding Process

- Define the issue.
- Identify the positive aspects of the issue.
- Consider the multiple factors that might have led to this issue.
- Brainstorm a list of possible options.
- After completing the previous steps, determine a course of action.

Participants work toward consensus at each step in the process. The goal is not to follow the exact process, but to assure that all participants have expressed their points of view and that their ideas are taken into account as the group builds consensus toward a solution. McWilliam and Bailey (1993) offer several ground rules when applying a similar solution-finding approach: 1) avoid premature "solutions;" 2) allow all opinions to come to the table; 3) acknowledge affective responses as well as factual statements; and 4) maintain a nonjudgmental stance.

Past participants in instruction have expressed that learning and applying the solution-finding process has numerous benefits. Participants have stated that they:

- Become better listeners;
- Realize that others have varying perceptions of the issue they are examining;
- Begin to see the benefit of working as a team;
- Recognize how the strengths, values and frame-of-reference of various team members can assist or hinder group decision making.

Participants are encouraged to apply this framework to their team issues, whether working with individual family or other team members. In real-life situations, outside of instruction, it is stressed that each plan of action (the final step in the process) include who is responsible for the implementation of the actions on the plan, appropriate timelines to accomplish tasks, and how the plan will be evaluated, to determine its success or need for revision. This solution-finding process can also be applied with family or team members directly. Here it becomes a tool for empowerment. Instead of offering advice or trying to solve the problem for the person, the service coordinator asks how the problem might be solved using the series of steps outlined above.

Stories Offer an Opportunity to Practice Interpersonal and Communication Skills in a Safe Place: In talking about the stories, participants simultaneously practice the interpersonal and communication skills that are part of daily early intervention practice. Some skills stressed during the application of the solution-finding framework or discussion questions to stories are:

- **Self skills:** Participants are asked to focus inward as they work through the process; to keep track of the issues or discussions that cause them to feel agitated, close down, or get excited. These are times for participants to self-examine and reflect on their own experiences, knowledge, or values that may trigger these reactions. Participants are invited to pay attention to their internal responses (physical reactions, mental reactions, i.e., internal dialogues).

- **Listening skills:** Participants are asked to concentrate on their listening skills, and to practice listening for understanding. They are reminded to listen for both the content and feeling of the message.

- **Responding skills:** Participants are encouraged to tune into their own verbal and nonverbal ways of showing that they both are listening and understanding. This is a time for them to reflect on the content and feeling of the speaker's message, and to clarify, paraphrase and summarize.

- **Negotiation:** In some of the stories, there may be reason for the participants to negotiate with each other. Negotiation might be defined for participants as a means of getting what you want from others by using dialog to reach an agreement, when both shared and opposing interests are expressed.

Stories Encourage Discussion that Weaves Practical Experience with Recommended Practice: The use of stories allows a discussion of information applied in a practical way. It draws from everyday issues and looks for "tried in the trenches" solutions, rather than staying at the theoretical level. Those participating will share and discover strategies and solutions that others have used in similar situations.

Stories Allow for an Exchange Regarding Personal Beliefs and Values: Our values and beliefs are the primary shapers of our "stories." They are the motivation behind many of our decisions and underlie our reactions to the stories that are presented during instruction. Participants' affective as well as factual responses should be encouraged. All opinions should be heard and dissenters encouraged. Participants should be reminded that when seeking solutions, the "far out" idea or suggestion may open up the discussion and free people to "think outside the box." It is essential that participants feel safe in expressing opinions. Setting ground rules with the participants will help to make this exchange more comfortable. (See *Warm-Ups and Energizers*, pages 41-42, for a ground-rule process.)

Existing Stories as Rich Resources for Instruction: There are numerous stories that have already been written by others to accomplish the purposes described above. One of the first and best sources of stories is ***Working Together with Children and Families: Case Studies in Early Intervention,*** by P.J. McWilliam and Donald Bailey (1993). Twenty one stories written by contributors from the field of early intervention offers a range of contexts and issues. ***Partnerships in Family-centered Care: A Guide to Collaborative Early Intervention*** by Rosin, Whitehead, Tuchman, Jesien, Begun, and Irwin (1996), begins each chapter with a family or provider story that illustrates the chapter's content. Two training guides developed by the Early Intervention Program at the Waisman Center, ***Partnerships in Early Intervention: A Training Guide on Family-Centered Care, Team Building, and Service Coordination*** by Rosin, Whitehead, Tuchman, Jesien, and Begun (1993) and ***Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination*** by Rosin, Green, Hecht, Tuchman, and Robbins (1996), also include stories that can be used for instruction. ***Building the Healing Partnership: Parents, Professionals & Children with Chronic Illness and Disabilities*** by Patricia Taner Leff and Elaine Walizer (1992), contains brief passages from parent and provider perspectives that can be used as the basis for stories (see Bibliography).

You Can Build Your Own Stories for Instruction: Three primary methods for capturing and developing stories used for instruction are to:

- Provide a story based on: 1) collective experiences of the group; 2) scenarios offered by participants prior to instruction; and 3) the issues to be highlighted in the instruction. This last method allows the instructor to represent the story through a composite view, where the family, service providers and programs depict various structures, roles, values, and dynamics.
- Build a story during a training by asking participants to draw upon their own situations and challenges to develop a story through a small group consensus activity. (See *Application of a Model of Team Dynamics* on pages 267-273 as an example used during a statewide training in New Jersey.)
- Use family, provider, and program situations and issues (case studies) that are currently occurring in the early intervention program. This process is especially relevant for individual program inservice or staff meetings where the team

can apply the solution-finding process to the real issues of other staff members. Stories can be told in a variety of ways: **oral** (a family or provider is present to tell a story focused on a specific issue), **written** (a short, one-to-three page narrative), or **demonstrated** (video segment, vignette, or demonstration practice).

Through the use of stories, situations reflecting the realities providers and families experience in early intervention become the basis of discussion. All participants are given the same information about the issue, which creates a sense of starting from common ground. Participants have the opportunity to apply the principles of family-centered care, explore values, and develop skills in situations that are similar to their experience.

What follows is a series of training activities based on stories told through the written word, videos, vignettes, and role-plays. Many incorporate the solution-finding process as a way to explore the issues in the story. Though the learning objectives and content of the stories differ depending on the learning objectives of the exercise, the solution-finding process remains basically the same. Discussion questions are an alternate way to focus the activity. Choosing to use the solution-finding process or discussion questions will depend on a number of different variables, including: the learning objectives to be achieved; the amount of time available for the exercise; and the size of the group. The section is organized with the general instructions for the use of each type of story followed by specific stories and suggestions for processing that story with a group.

Solution-Finding Framework: Application to Stories

What Will Be Learned?

Participants will practice using a solution-finding framework and apply it to "real life" stories in coordinating services for families.

How Long Will It Take?

About 75 minutes to introduce the framework and apply it to a scenario.

What You Will Need

- Copies of the story and its corresponding instruction sheet. (Choose from the following attached stories: *The Julia Graves Story*, *The James Hill Story*, *The Lisa and Tony Bonfiglio Story*, *The Amy and Sam Chen Story*, *The Team Meeting*, or *Implementing a Fee System*.)
- Overhead/worksheet: *Solution-Finding Framework*.
- Overhead projector and screen.
- Flip chart and markers.

Instructions

Introducing the Solution-Finding Framework and the Scenarios:
Review the solution-finding format that will be used in the exercise. Stress the importance of spending time on each of the steps.

Divide into groups of 4-6 people. Ask each group to appoint a facilitator, a recorder, and a timekeeper. Give the group about five minutes to read the scenario. Then have the timekeepers begin to count 30 minutes. Give groups a five-minute warning before the time is up. Groups will need at least 30 minutes to cover all the steps in the process.

Process the story by asking groups to highlight points in their discussion. As you go through you can have each group report or add on to the report of the previous group.

Talking Points

The Solution-Finding Format:

- How did working with a group influence your perception of the challenge?
- How did the presence or absence of families affect your solutions?
- How did you reach consensus on the topic you decided to discuss?
- How effective was the solution-finding framework in guiding your discussions?
- How did your appointed roles affect the group process (e.g., facilitator, time keeper, recorder)?
- What strengths does each participant bring to this relationship?

- Are the issues you identified the same for each person?
- How did you decide on the primary issue?
- What other information did you need?
- Did you brainstorm multiple strategies?
- Did you get some new ideas through this process?

The Content:

- Is this a common experience?
- What strategies have you used or would you like to use to help resolve or clarify the issue?
- How did the family's wishes guide the process?
- How do we build on strengths and not get too overwhelmed?
- Who decides what the family needs?
- Are there the supports or resources you need to follow through on a course of action available?
- What will you do if supports don't exist?
- What were the positive outcomes from using this process?

Handouts

Story and *Solution-Finding Framework* worksheet (page 65).

Solution-Finding Framework

Identify The Issue(s)
Is it one issue or a number of issues? Does everyone involved see the same issue?

Identify Positive Aspects Of The Issue(s)
What are the strengths of the people involved? We often forget this important step.

Identify Factors That Might Have Led To This Issue(s)
Collect more information to better understand the issues.

Identify Available Options
Don't look for solutions too quickly. Look at all the alternatives.

Decide On A Course Of Action
What are your next steps? Who will do what, by when?

Adapted from: McWilliams, P.J. & Bailey, D. (1993). Working Together with Children and Families: Case Studies in Early Intervention. Baltimore, MD. Paul H Brookes Publishing Co.

HANDOUT

Discussion Questions: Application to Stories

What Will Be Learned?

Participants will discuss issues targeted in "real life" stories in coordinating services for families.

How Long Will It Take?

About 45 to 60 minutes.

What You Will Need

- Copies of the story and its corresponding instruction sheet.
- Overhead projector and screen.
- Flip chart and markers.

Instructions

Divide participants into groups of 4 to 6 people. Ask each group to appoint a facilitator, a recorder, and a timekeeper. Give the group about five minutes to read the story. Then have the timekeepers begin to count 30 minutes. Give groups a five-minute warning before the time is up. Groups will need at least 30 minutes to address all the questions. Asking some groups to start with the last question and work backwards to the first question will ensure that all questions get discussed.

Process the story by asking groups to highlight points in their discussion. As you go through each discussion question you can have each group report or add on to the report of the previous group.

Talking Points

The Process:

- How did your group offer each person an opportunity for input on the questions?
- Were there differences of opinion expressed in the group? How did your group respond to this? Was it welcomed, or was the person cut off? How do you generally handle differences of opinion on a team?
- Was there sufficient information to reach conclusions? If not, did your group discuss what further information was needed and how to get it?

The Content:

- This will differ for each story.

Handouts

See specific stories and corresponding instructions.

Building your Own Story:
Application to Participant Challenges

What Will Be Learned?

Participants will use their own challenges in coordinating early intervention services and practice using a solution-finding framework to address these challenges.

How Long Will It Take?

About 75-90 minutes. This time is adjustable depending on the number of challenges that the groups work through.

What You Will Need

- Overhead/Worksheet: *Solution-Finding Framework.*
- Overhead projector and screen.
- Flip chart and markers.

Instructions

Variation A: Identifying challenges through a nominal group process
Ask each individual to write down their answer to a question, such as, "What are some of the challenges you have experienced in communicating with families and integrating their concerns, priorities and resources into a plan?" Ask the group to share their ideas while you write them down on a flip chart. Then ask the entire group to get up and put a star next to their top three choices. Divide into groups of four to six people. Take the top ranked choices and allow each small group to choose one out of the top ten, or assign one to each group. Each group will apply the solution-finding framework to one challenge they have chosen or been assigned.

Variation B:
Build a story on site through a small group consensus-building process. For an example, see *Application of a Model of Team Dynamics* and accompanying worksheets on pages 267-273. Use the *Solution-Finding Framework* worksheet on page 65 of this section to process the story.

Variation C:
Collecting issues and scenarios prior to instruction can aid in making the story relevant to the participants. After the story is developed, use the *Solution-Finding Framework: Application to Stories* on pages 63-64; or, discussion questions can be generated. For examples, see pages 127-129 from trainings developed in New Mexico. The training days included service coordinators and case managers working with children (birth to 21 years of age) and adults with disabilities. A few months prior to the training days, program personnel were asked to submit challenging situations and scenarios. See pages 71-72 for a listing of the *Challenging Situations and Scenarios in Service Coordination/Case Management* and the two resultant stories entitled *Scenario for Early*

Intervention Service Coordination: The Garcia Family and *Scenario for Case Management: The Smith Family* on pages 127-129.

Talking Points

Refer to **Talking Points** under the *Solution-Finding Framework: Application to Stories* on pages 63-64 or *Discussion Questions: Application to Stories* on page 67.

Handouts

Solution-Finding Framework worksheet (page 65).

Variation C

Challenging Situations and Scenarios In Service Coordination/Case Management

The following issues emerged when service coordinators and case managers in New Mexico were asked to send in challenging situations they have encountered in their jobs:

- Mediation between regional offices and providers regarding policy interpretation.
- Obtaining doctors' reports.
- Finding local services, such as therapies or dentistry.
- Identifying provider responsibilities versus service coordination responsibilities.
- Differences of opinion between health providers related to surgery for chronic ear infections.
- Past negative experiences with professionals result in not seeking assistance again. Person has severe multiple disabilities and in years past was told to have teeth removed. Person eats only pureed foods and family will not consider taking person back to the dentist.
- Family members are in need of support to keep the person with disabilities at home, but services— such as respite—have not been located.
- Person cannot get assistive technology needed to help with school work and after school job.
- Person is in need of exercise and parents want resources for equipment.
- Single parent with two children. Child with disability, through respite, receives outings but mother still has other child so no break for mother and no outings for this child.
- Transition from early intervention to early childhood. Child has made a lot of progress but providers feel child needs intervention; parents are not so sure. They have agreed to look at a program. In the past they have not wanted to hear evaluation results and have "demonstrated a lack of follow-up."
- Family contacted early intervention program and a referral was made for evaluation. Results indicated that the child has multiple needs. The parents are overwhelmed and refused services. The child has not progressed but the parents are not ready.
- Guardian's wishes are in direct opposition to the individual being served. How does service provider advocate for a possible reduction of guardianship, thus returning decision-making to the individual being served?

- Person receiving services divulges to a behavior therapist that abuse has occurred, and person has been having suicidal thoughts, or a desire to move from her parents house. Individual then changes her mind, *after* her parents have been notified of her intentions. She then requests to have all services dropped, even though she realizes she probably could never resume services.

- An individual is placed directly into community service from an institutional setting. The individual proves to be too challenging for the support available in the community and the provider agency. Budgets are approved but not honored. The individual's placement is changed temporarily while awaiting a more appropriate provider agency . The individual's guardianship is less than adequate. The individual resides on the Navajo Reservation with very little support from the tribe, police, social services, BIA, etc.

Summary of Early Intervention Issues:
- Relaying information to parent; and
- What to do when parents refuse services, while providers feel it is necessary for the child.

Summary of older child/adult services issues:
- Level of disability,
- Guardianship,
- Funding for service and equipment,
- Type and level of support needed,
- Differences of opinion related to course of action,
- Negative past experiences with services,
- Obtaining needed information from other providers,
- Possible abuse of person with disability by parents,
- Interpretation of policy,
- Negotiating roles and responsibilities between providers and case managers.

Scenario for Early Intervention Service Coordination: The Garcia Family, and *Scenario for Case Management: The Smith Family* are two case studies derived from this input and used in the New Mexico training (See pages 127-129).

Vignettes and Skits: Live Action Stories

What Will Be Learned?

Participants will watch a dramatization of specific service coordination issues targeted in each skit. Any content area can be targeted. Participants will learn how the behavior, values and communication styles reflected in the skits can affect outcomes.

How Long Will It Take?

About 45 to 60 minutes.

What You Will Need

- Copies of the skit.
- Volunteers to be actors (ask before the training to make sure you have all the parts cast).
- Worksheet with discussion questions, or *Solution-Finding Framework* worksheet.
- Overhead projector and screen.
- Flip chart and markers.

Instructions

There are numerous variations in using skits, including: 1) process the skit by using the *Solution-Finding Framework: Application to Stories* on pages 63-64, or *Discussion Questions: Application to Stories* on page 67; 2) stop-action skits in which participants freeze the "actors'" action to make comments or changes in their behavior; and 3) reenact skits after participants make observations about how they would change the action.

Variation A: ***Skit using the solution-finding framework or discussion questions***
In this variation, the process is the same as using a written story, except the issues are presented via live action. After watching the skit, the trainer can choose to use either the discussion questions or solution-finding framework to process the issues in the skit. (See *Discussion Questions: Application to Stories* on page 67, and pages 63-64 for the *Solution-Finding Framework: Application to Stories.*)

Variation B: ***Stop Action Skit***
The participants observe the skit the first time. When the skit is rerun, participants freeze the action and offer suggestions to make the interaction more in alignment with developing a partnership and good communication skills. They freeze the action by yelling out "freeze," then make suggestions to change the interaction in line with recommended practices. Participants can freeze action as often as they like (See *A Stop Action Skit: What's Wrong with This Picture* on pages 137-138, for an example of this type of skit).

Variation C: *Skit Reenactment*

The participants watch the skit and make observations about how they would change the action. Then redo the skit by either having new participants take over the action or by having participants directing the actors to modify their behavior. (See *Roles on Teams: A Re-Enactment Skit - The Krunches Request More Physical Therapy* on pages 141-142 for an example of this type of skit.)

Talking Points

The Process:

- Did each person get an opportunity for input on the questions during the skit?
- Were there differences of opinion expressed during the skit?
    - How did the rest of the participants in the skit respond to this?
    - Was it welcomed, or was the person cut off?
    - How do you generally handle differences of opinion on a team?
- Did participants in the skit have sufficient information to reach conclusions? If not, did the participants in the skit discuss what further information was needed and how to get it?

The Content:

- This will differ for each story.

Handouts

- *The Stressors in Our Lives: Skit with Parent, Service Coordinator, Supervisor* (pages 131-134).
- *A Stop-Action Skit: What's Wrong With This Picture?* (pages 137-138).
- *Roles on Teams: A Re-Enactment Skit - The Krunches Request More Physical Therapy* (pages 141-142).
- *Mentoring: A Skit* (page 145).

Role-Plays or Demonstration Practice

What Will Be Learned?

Participants explore issues and practice skills related to service coordination. Participants may be asked to take a perspective different from their own on an issue.

How Long Will It Take?

About 60 minutes.

What You Will Need

The role-play for the participants and any corresponding worksheets.

Instructions

In any demonstration practice or role-play, it is important that the participants take a few minutes to read the script or information about the character they will be portraying. They will be attempting to "walk in this person's shoes" and portray how a person with the values, characteristics or experiences described would respond. They will experience the situation from this person's perspective. It is the experiencing, the seeing the world from another's perspective, that provides the learning opportunity. Encourage participants to be as genuine as possible in their portrayal of their role.

When preparing people for their roles, you can either share the script and characters with everyone, or you can provide each person playing a character with his or her own description and let the others in the role-play find out about the character and his or her attitude as the role-play unfolds.

Role-plays can be done in large groups or smaller groupings. In a large group you may choose to use a "fish bowl" activity where volunteers play the roles while others observe. Recording sheets help to structure this activity. Sometimes you can have different participants observing different aspects of the role-play (e.g., communication styles, body language, facilitation, leadership and blocking roles, etc.).

Another variation is to divide the large group into small groups that reflect the number of characters in the role-play. One or two observers can be added in each grouping. In this variation, more participants have an opportunity to experience the role and share what they have learned.

Role-plays can be processed using a solution-finding process or discussion questions in small or large groups. As part of the processing, it is important to give participants an opportunity to talk about how it felt to "walk in someone else's shoes" and reflect on what they learned about their own values, responses and communication styles.

Talking Points

See the individual role-plays for suggested talking points.

Handouts

- Brief scenarios or descriptions of the setting and roles each person will play (not included).
- Worksheets as needed for observers (page 171), solution-finding (page 65), or story-specific discussion questions.

Videotape Stories:
Pathways in Early Intervention Service Coordination

What Will Be Learned?

This videotape illustrates some personal challenges faced in the provision of early intervention service coordination. It presents four scenarios that coincide with these four phases of service coordination activities:

- **Choosing the Pathway: getting started in the IFSP process** (starts approximately 35 seconds into the tape and runs for 4.75 minutes).
- **The Journey: providing follow-along to families in implementing and monitoring of the IFSP** (starts approximately 9:36 minutes into the tape and runs for 2:44 minutes).
- **Detours Along the Way: facing unexpected, immediate needs or crisis** (starts approximately 15:33 minutes into the tape and runs for 2:48 minutes).
- **Changing Pathways: facilitating transitions** (starts approximately 20 minutes into the tape and runs for 3 minutes).

Each scenario targets one of the phases of service coordination activities and highlights important skills. In the brief vignette, one or more unresolved dilemmas are depicted. Three variations for processing the video tape provide flexibility in processing the stories.

How Long Will It Take?

45 - 60 minutes for each scenario.

What You Will Need

- The *Pathways in Early Intervention Service Coordination Video and Video Guide* (See references).
- VCR and monitor.
- Overhead: *Four Phases of Service Coordination.*
- **Variation A:** Use of videotape and companion guide.
- **Variation B:** *Solution-Finding Framework.*
- **Variation C:** *Discussion Questions* handout and/or an overhead or flip chart with discussion questions for each videotape scenario.
- **Variation D:** *Communication is the Key.*

Instructions

Introduce the videotape or scenario selected by discussing the emphasis of the activity so participants focus on the issues in the scenario that correspond to the activity (e.g., "A number of issues are raised in this scenario that we could talk about...but today's focus is...").

Show the videotape or selected segment. Show the scenario twice so that people are able to first get the general sense of the vignette, and the second time (after they have their group assignments) are able to focus more specifically on the issues or questions you have selected for the activity.

Divide the participants into groups of four-to-six people. Provide participants with the needed handouts depending on the variation selected. Following the small group activity, ask the groups to report back and summarize the discussion.

Variation A:
In this variation, the tape is used as directed in the video guide that accompanies the videotape. Acknowledge that there are NO ready solutions to these dilemmas depicted on the videotape. Viewers are asked to generate solutions, respond to questions and solve problems that are viable from their perspective and community context.

Following each scenario, stop the videotape and answer the questions appearing on-screen:
- What do you see as the most pressing issue for the service coordinator?
- What would you do in this particular situation?
- What might your next steps be?
- What other information do you need?
- Who should be responsible for the next steps?
- How will you know if your plan was successful?

After group discussion, restart the videotape. As the tape progresses, additional questions on the segment will be offered for the viewer's consideration. If any of these questions were not addressed, the viewer can stop the videotape again for further discussion.

For the viewer's convenience, this guide includes a recap of each scenario with its accompanying questions from the videotape. The guide also includes discussion questions and talking points for issues highlighted in the scenario and are offered to enrich reflection and discussion.

Variation B: ***Solution-Finding Framework and Worksheet***
In this variation, one of the video segments is selected and the *Solution-Finding Framework* (pages 63-64) is used as the basis for discussion.

Variation C: ***Discussion Questions***
Choose from the following questions, or others you develop, that are most appropriate for the learning objective you want to achieve. You might have these questions prepared in a handout for participants, or write them on large flip pads or an overhead.

After the second showing of the video, ask all participants to take a few minutes to fill in their worksheets by themselves (about 5 minutes). Afterwards, ask the groups to discuss what they wrote. Allow about 15 minutes for this discussion. See *Discussion Questions: Application to Stories* on page 67.

Variation D: *Communication is the Key*
Videotape scenarios I and II are used here in this variation to enhance participant's communication skills. Tell participants that while a number of issues are raised in this scenario, the focus is on the communication skills of the participants in the video and how effectively they communicate and listen to each other. The discussion will center on how the communication could be enhanced, or what they think should happen next in the interaction.

After the second showing of the video, ask all participants to take a few minutes to fill in their worksheets (about 5 minutes). Afterwards, allow 15 minutes for discussion of what they have written.

Handouts

- *Discussion Questions* for each videotape scenario (pages 85, 93, 99, 101).
- *Communication is the Key* worksheets for Scenario I and II (pages 87, 89, 91, 95, 97).
- *Solution-Finding Framework* worksheet (page 65), if this processing variation is used.

Four Phases of Service Coordination

Phase	Definition	Responsibilities
1-Getting Started	First contact with family through the development of the IFSP	• Coordinating the performance of evaluations and assessments • Facilitating and participating in the development of the IFSP • Assisting families in identifying available service providers • Coordinating the delivery of available services • Informing families of the availability of advocacy services
2-Follow-Along	IFSP development through transition from early intervention	• Facilitating and participating in the review and evaluation of the IFSP • Coordinating and monitoring the delivery of available services • Coordinating with medical and health providers

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Phase	Definition	Responsibilities
3-Unexpected, Immediate Needs/Crisis	May occur during any point in the IFSP process	• Assisting families in identifying available service providers • Coordinating and monitoring the delivery of available services • Informing families of the availability of advocacy services
4-Transitions	Includes transitions into, during or from early intervention	• Facilitating the development of a transition plan

OVERHEAD

Sample Stories, Videos, Vignettes, and Role-Plays, and Corresponding Worksheets and Instructions

Pathways in Early Intervention Service Coordination

Videotape Scenario I -- Choosing the Pathway: Getting Started in the IFSP Process

–Discussion Questions–

Talking Points

- Family members do not always have the same perspective on an issue or on the steps to be taken to meet the needs of their child or themselves. Beth and Bradley seem to be in different places related to Benjamin. These differences could stem from a variety of sources such as a reaction to Benjamin's recent diagnosis, feelings about Benjamin's developmental issues, or the outcomes they want from early intervention services. To be successful in the IFSP process, it is essential to get at family concerns and issues from all family members and to have strategies to move forward in the IFSP process if the concerns and desired outcomes are different.

- In talking with families about options for their child and themselves there can be numerous informal supports, resources and services to consider in addition to the mandated early intervention services. How could you talk with families about what these supports might be for them? Might informal supports be an important way to provide support for Benjamin's needs? What would they look like?

- As service coordinators, you may not know the answers to many questions that are asked by parents or other team members. Sarah may be feeling some tension because she does not know about the different programs and approaches for working with children with PDD. What Sarah needs to remember is that she is part of a team and others on her team can help her to obtain the requested information for the family. In this situation, a service coordinator's responsibility is to seek out information or link parents with knowledgeable others. Another consideration in responding to families' requests for information is to present the information in as neutral a manner as possible. It is up to the family to make the decision, based on the information provided.

Discussion Questions

- What methods could Sarah use to determine the concerns of Benjamin's parents?
- Since their concerns and desired outcomes for Benjamin differ, how do you think Sarah could help them identify the common ground between the parents?
- What strategies could Sarah use, given that she lacked adequate information to address Bradley's inquiry about other programs?
- How could Sarah present intervention information Beth seeks for Benjamin when such a vast array of options are available?
- How might informal community supports and resources assist in addressing both parents' concerns?
- How might Sarah's knowledge that program resources are limited affect her discussions about services, resources, and supports? Should this knowledge affect the information she supplies to Beth and Bradley?

Scenario I -- Communication Is the Key

Watch the video again while looking more closely at the communication skills of the **SERVICE COORDINATOR**

What communication techniques did she employ?

How successful were they?

What other communication techniques could she have employed:

- to let the parents know she was listening?
- to problem solve?
- to elicit more information?

WORKSHEET

Scenario I -- Communication Is The Key

Watch the video again while looking more closely at the dynamics of communication with the **FATHER**

What was he telling you in this conversation?

How would you communicate/respond to what you were hearing:

- to let him know you were listening?
- to problem solve?
- to elicit more information?

WORKSHEET

Scenario I -- Communication Is The Key

Watch the video again while looking more closely at the dynamics of communication with the **MOTHER**

What was she telling you in this conversation?

How would you communicate/respond to what you were hearing:

- to let her know you were listening?
- to problem solve?
- to elicit more information?

WORKSHEET

Pathways in Early Intervention Service Coordination

Videotape Scenario II – The Journey: Providing Follow-Along to Families in Implementing and Monitoring the IFSP

–Discussion Questions–

Talking Points

- Service coordination follow-along during the implementation of the IFSP takes an incredible amount of organization and priority setting. Service coordinators need to develop personally effective methods of organization and take care of themselves when dealing with competing priorities and job-related stress.

- Service coordinators need to clearly understand their functions and responsibilities, but also need to know what personal and professional boundaries they are comfortable with, and why.

- Programs that acknowledge the challenges of providing early intervention services by building in program supports for staff may have less burnout and staff turnover. Support may come from colleagues or supervisors by setting up a mentoring system and strategies to provide emotional and informational support.

Discussion Questions

- What possible negative effects may stress have had on Claire while doing her job as a service coordinator?
- How might Claire take care of herself while dealing with competing priorities? How do you do it?
- What tips could you give Claire on how to organize and prioritize the numerous and varied tasks of her job?
- What types of program support might be helpful to Claire in her situation? What is helpful to you?
- How might Claire negotiate with Tammy, her program coordinator, when she needs to shift her priorities? How do you negotiate a situation like this?

Scenario II – Communication Is the Key

Watch the video again while looking closely at the communication skills of the **SERVICE COORDINATOR**.

- What communication techniques did she employ?

- How successful were the communication techniques she employed?

- What other communication techniques could she have employed:
    - to let the supervisor know she was listening?
    - to elicit more information?
    - to be sure that the supervisor heard her concerns?
    - to encourage solution-finding?

WORKSHEET

Scenario II -- Communication Is the Key

Watch the video again while looking closely at the communication skills of the **SUPERVISOR**.

- What communication techniques did she employ?

- How successful were the communication techniques she employed?

- What other communication techniques could she have employed:
    - to let the service coordinator know she was listening?
    - to elicit more information?
    - to be sure that the service coordinator heard her concerns?
    - to encourage solution-finding?

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Videotape Scenario III -- Detours Along the Way: Facing Unexpected, Immediate Needs or Crisis

–Discussion Questions–

Talking Points

- Having an agenda for any meeting with a family is critical to the success of that meeting. Equally important in service coordination is the ability to set the agenda aside when more urgent or unexpected issues arise for the family.

- Fundamental to service coordination is the ability to ask family members questions in a way that leads them to pinpoint their concerns or issues; to generate a list of options or alternatives they feel addresses the concern; to determine the plan they feel meets their needs; and also to develop a way to know if the selected direction is successful. Continued use of this service coordination skill can lead to a transfer of the skill to the family members and enhance their feelings of competence in solving their own problems.

- Coordination of services across health, educational and social service agencies will be a major service coordination function. It is beneficial in any collaboration to agree either formally or informally on a vision or philosophy of service provision, roles, and the process and procedures for working together, including communication and conflict management.

Discussion Questions

- How do your own experiences and values come into play when working with families, other team members or personnel from other agencies?
- How should the Public Health Nurse (PHN) proceed if she feels the family's decision could jeopardize Alexis' health or development?
- How might Martha approach the PHN if she does not agree with her concern about neglect?
- What are the differences in decision-making if a situation warrants swift action on your part?
- How do you handle changes in the planned agenda if you arrive at a family's house and other issues take priority?
- What kind of coordination and communication should Martha have with personnel outside of early intervention to help ensure that families are not receiving competing or erroneous information?

Pathways in Early Intervention Service Coordination

Videotape Scenario IV: Changing Pathways: Facilitating Transitions

–Discussion Questions–

Talking Points

- Transition can be a stressful time for all involved. In addition to following the federal and state procedures around transition, it needs to be a well-planned time. Discussions about transition with families need to occur early and often, not just at prescribed times. Many programs find it beneficial to put together a transition booklet that provides families with the procedures and timelines involved in all possible transitions during early intervention.

- Negotiation and decision-making across agencies is a challenge. Having written agreements across agencies can help to make the procedures consistent and responsibilities clear for the sending and receiving agencies.

- Transitions can be an opportunity to see whether existing procedures are working for families or whether there are gaps or glitches in services. Service coordinators are in the position to see where and when families get stuck and to work toward making the system (programs, agencies, procedures) change to be more responsive to families.

Discussion Questions

- What are the feelings that need to be acknowledged in the scenario?
- What do you need to know about the rights of the child and parents in the transition to the public schools?
- How can Mary help the family identify and access therapy services for Roberto and pay for those services?
- What strategies might Mary, Diane and Theresa use to change policies or practices that are not working for children and families?
- What agreements, if any, does your program have with agencies you work with?
- What are the consequences for Roberto and Theresa's family in the various arrangements for services and supports that may be decided upon to meet Roberto's needs for services?
- What creative uses of informal and community resources and supports might be useful in situations like this?

The Julia Graves Story

Julia Graves is a teen mother of a nine-month-old daughter, Amanda. Julia and Amanda live with both of Julia's parents in their suburban home. Julia's mother takes care of Amanda during the day while Julia attends high school. Today, Julia has her first meeting with Alyssia Adams, the service coordinator from the Gateway Early Intervention Program. Prior to this meeting, Julia and Alyssia spoke briefly by phone. Julia is not sure what to expect from Alyssia's visit, even though she called the program herself at the urging of the school social worker. She really wanted to know more about what was going on with Amanda, but also felt frustrated because no one seemed to be listening to what she had to say. She wondered if this time it would be different or more of the same. We join Julia and Alyssia in the midst of their first meeting at the home of Julia's parents.

Julia: I try to do all the right things. I try to get to all my appointments, take care of my baby and get to school. I can't say exactly what, but I'm really concerned something is wrong with my baby. The message I get from my mom is that I don't do enough. She feels like I leave Amanda with her all the time. She says if I spent more time with Amanda, she'd be fine. The doctor doesn't think anything is wrong, either. At each visit I try to tell her I'm worried about something, but she tells me to wait and see. She reminds me I'm a young mom who hasn't had a lot of experience with babies. Every time I hear that I could die. I've spent hours babysitting ever since I was 12. I practically raised our neighbor's little girl. I don't know why I'm telling you all of this. You probably don't believe me either.

Alyssia: Well, it sounds like you have some concerns, you're not sure what they are, and you feel like nobody is listening to you. Is that right? I'd like to help you try to get clearer on what you're concerned about. Can you tell me more about Amanda?

Julia: What do you want me to tell you?

Alyssia: What she likes to do. How she lets you know when she needs something. How she eats and sleeps. You know... does she cry a lot? Does she let you comfort her?

Julia: How's that going to help? I've been through all of this already.

Alyssia: Give it a try. Maybe together we can put our finger on your concerns, and then possibly bring in other people who could also help. As I said on the phone and earlier today, this is a program that might be able to help you and Amanda. If Amanda is eligible for the program, we can work together to figure out what she needs.

Julia: What do you mean by eligible?

Alyssia: If Amanda shows a 25% delay in one or more areas of development or has a diagnosed condition likely to result in a disability, she is eligible for the program.

Julia: You mean we have to pin that down to get help?

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Alyssia: Yes, and that's one reason I want you to tell me more about Amanda.

Julia: You asked me a lot of questions before. I'm not so sure going through all of this again will end up getting me help with Amanda, but I'll give it a try.

Just as Julia starts to talk about Amanda, her mother comes into the room. Julia continues, but her whole demeanor changes. The flow changes and she has trouble getting out her thoughts. The points she makes are contradicted by her mother at least twice.

Alyssia senses the change and is starting to feel frustrated because she was feeling like she and Julia were beginning to make progress in their conversation. She felt the seeds for a partnership were planted.

Reprinted from: Rosin, P., Green, M., Hecht, L., Tuchman, L., & Robbins, S. (1996). Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination (pp. 191-192). Madison, WI: Pathways Service Coordination Project, Waisman Center Early Intervention Program, University of Wisconsin-Madison.

HANDOUT

Instructions for The Julia Graves Story

Issues Raised in this Story

- Giving accurate and appropriate information about early intervention without being overwhelming.
- Beginning to build a trusting relationship with family members.
- Handling differences in opinions among family members about concerns, priorities or resources.

Training Activities

1. ***Solution-Finding Framework: Application to Stories*** (pages 63-64).
   Using the solution-finding approach, consider the next steps to take in this scenario.

2. ***Discussion Questions: Application to Stories*** (page 67).

   - How would the discussion have been different if Alyssia had observed Amanda with Julia and reflected together on what they saw?
   - In the phone call to set up the meeting, are there questions Alyssia could have asked that would have given Julia options on where to meet? What are those options?
   - Is there other information Alyssia could have obtained so Julia would not "have to go through it all again"?
   - Which listening skills did Alyssia use to keep the conversation moving forward in a positive direction?
   - Think of a "family friendly" way to discuss eligibility criterion that most teenagers would be comfortable with.

Talking Points

- Getting started in the IFSP process sets the stage for all that follows in early intervention: the relationships with family and other team members, the determination of eligibility for early intervention, the sorting out of the concerns and priorities of the team, and the clarification of outcomes and strategies (services, resources, and supports) to achieve the desired outcomes through the development of the IFSP. Getting started with families is the point where the service coordinator brings to bear all her talents.
- Getting started with families can sometimes feel overwhelming to parents, as there is a lot of information to absorb and parents may be feeling strong emotions as they try to listen. Think about a time you tried to listen when you were anxious or upset. How does it interfere with taking in the information?
- These early contacts with families set the stage for the type of relationship that develops. You need to balance listening with providing the needed information such as procedural safeguards.
- It is important to provide information to families in ways that suit them. Often, having a variety of ways to give information—such as written brochures, discussion about the information, and videos—can help families. You may wish to ask parents to summarize what they have heard, to help you know if you were understood.

- There can be tension or differences of opinions among family members. Looking for common ground between family members can help them recognize that they are all interested in working toward what is best for the child. (See *Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination* for more information on getting started.)

The James Hill Story

Maria Jackson is a full-time service coordinator for the Pathways Early Intervention Program. She is just initiating a phone call to James Hill, the father of a child in the program. She is calling for several reasons. First, contacting James has been on her list of calls to make for a while; and second, Lindsay Green, the early childhood teacher who makes weekly visits, asked her to call James. Lindsay told Maria that she was beginning to feel that she spent more than half of her home visits talking with James. She wasn't spending enough time on special instruction interventions on James Junior's IFSP. She doesn't mind talking with James, but thinks he could use some additional support. He seems to have so much to talk about every week. Lindsay also doesn't want Maria to think she is taking Maria's job away from her.

Maria: Hi James. This is Maria Jackson from the Pathways Early Intervention Program. I'm sorry it's taken me so long to get back to you. I just wanted to call to see how things are going. When we last met we didn't schedule another check in. We left it that I would call if I didn't hear from you in a couple of months. Also, I saw Lindsay Green yesterday and she thought it would be a good idea if I gave you a call. How are things going with James Junior?

James: Things are fine. Everything is moving along. We have our scheduled appointments at the clinic with the therapist, and Lindsay comes to our home just about every week. Things are fine......(slight pause).....listen to what James Jr. did last week! He pulled himself up to standing on the edge of the sofa. I couldn't believe it! It was great! (another pause, but no additional comments follow).

Maria: That's good news! I'm glad to hear he is making progress. It sounds like you're thrilled! What else is he up to? Is there anything else you'd like to tell me about James Jr.?

James: He has a new toy stuffed lion that he loves to cuddle with.

Maria: I bet he's really cute all cuddled up with the lion.

James: Yes, he is. (pause, no additional information is forthcoming).

Maria: Is there anything I can help you with today?

James: Not that I can think of. I usually talk to Lindsay when things come up. I see her practically every week. She's very helpful. When little things do come up, we talk about it.

Maria: Perhaps you'd be interested in knowing about support groups or workshops for parents?

James: I'll check with Lindsay about that, too.

Maria: That's good you have someone to talk to. I'm glad Lindsay is helpful. You know you can always contact me too; that's my role as your service coordinator.

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James: Thanks, I can't think of anything (another quiet pause).

Maria: If something comes up, please feel free to call me any time. I'm usually in and out of the office meeting with families and other service providers throughout the week. If I'm not in my office, you can leave me a voice message. I check those regularly so I can get back to you right away.

James: I appreciate that. I'll keep you in mind. Like I said before, things are moving along for James Jr., and Lindsay sees us all the time.

Maria: It's good to hear things are going well for you. Remember, give a call if I can help you with anything. Okay, bye.

James: Okay, bye.

Reprinted from: Rosin, P., Green, M., Hecht, L., Tuchman, L., & Robbins, S. (1996). Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination (pp. 196-197). Madison, WI: Pathways Service Coordination Project, Waisman Center Early Intervention Program, University of Wisconsin-Madison.

HANDOUT

Instructions for The James Hill Story

Issues Raised in this Story

- Methods of providing meaningful and timely follow-along with families to monitor the IFSP.
- Family members' desired ways of working with their service coordinator can change over time.
- Depending on the service coordination model used by the program and the case load size of the service coordinator, the service coordinator may have less frequent contact with the family, and it may be by telephone.
- Other providers who have regular contact with families may be in the position to support the family in activities that may typically be done by the service coordinator. How do roles and boundaries get sorted out?

Training Activities

1. ***Solution-Finding Framework: Application to Stories*** (pages 63-64).
   Using the solution-finding approach, consider the next steps to take in this scenario.

2. ***Discussion Questions: Application to Stories*** (page 67).

   - Do you think James understands Maria's role as the family's service coordinator?
   - How might the conversation have been different if Maria offered information for James' feedback?
   - What might she have talked about, e.g., an educational event, a family gathering, a new resource, a community activity?
   - Who is carrying the burden of the conversation in this scenario, and what could you do to shift it?
   - Think about the issue of intimacy when a family is asked a question like, "Is there anything else you would like to tell me about James Jr.?" What might Maria say to help this conversation feel two-way?
   - What can Maria and Lindsay do to increase their communication?
   - Who has James informally identified as the service coordinator, and what options are there to respect this choice?

Talking Points

- The activities of follow-along draw upon many of the resource management and communication skills essential in all phases of the IFSP process. During this phase it is important for service coordinators to have methods to: 1) monitor, evaluate, and document the IFSP process and its associated timelines; 2) collect, update, and distribute information on services, resources, and supports; 3) link, connect, and communicate with families, other team members, and agency personnel; and 4) share with families the skills and knowledge involved in coordinating services for their child and family.
- During follow-along, the relationship between the family and service coordinator evolves. Initially, boundaries and roles in a relationship need to be discussed and, over time, may need to be revisited and renegotiated.

- Ask participants: 1) whether this change in relationship is a common experience; 2) what strategies they use or would like to use to help resolve or clarify roles and boundaries; 3) how they communicate with key players when their role changes; and 4) how to build on each team member's strengths and not get too overwhelmed. (See *Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination* for more information on follow-along.)

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The Lisa and Tony Bonfiglio Story

Anita: I'm sorry this happened, Lisa. I can tell you're really upset. I know you wanted Mark to come with you to the IFSP review meeting. The meeting is three weeks away. We have some time to figure out what would be helpful. You see what happens at your end, and I'll think about ways I might be able to help you.

Lisa: Yes, but I'm really worried. I don't see any way that Mark will change his mind and come to the meeting. I don't want to go by myself. I only wish he'd talk to me.

Anita: Let's see what happens. We'll talk again in two days when I make my regular visit.

Lisa: OK. See you then.

This is the end of a telephone conversation between Lisa Bonfiglio, the mother of 18-month-old Tony, and Anita Levy, the Bonfiglio's service coordinator and special instruction provider with the Pathways Early Intervention Program. Anita called to confirm a date for Tony's six month IFSP review meeting. She expected a routine call and walked into a marital disagreement. Anita was very uncomfortable and didn't know what to do or what was expected of her. As soon as Lisa heard Anita's voice on the phone, she burst out crying and tried to tell Anita what had happened. Bit by bit, Lisa explained to Anita that she and her husband Mark had just had a huge fight. He left the house angry. Lisa related that Mark blew up while she was trying to tell him about the upcoming IFSP review meeting. He refused to go and said no program was going to make what was wrong with Tony go away.

Tony is Mark's first and only son. He and Lisa have been married for two and a half years. Lisa has a seven-year-old daughter, Madeline, from a previous marriage. Mark has worked hard to build a relationship with Madeline, but has always been aware that she is not his own daughter. He was so excited to become the parent of a son. He had great dreams about who his son would be in his life and pictured sharing many of his favorite activities. Mark had known for quite some time that Tony had some problems, and seemed very positive about the help he was getting from the early intervention program. However, four weeks ago, Tony was diagnosed with a mild form of cerebral palsy. Mark didn't say much about the diagnosis. Lisa talked about being relieved to know that his problems had a name.

Anita's perception was that Lisa and Mark were taking the information in stride. They didn't seem overly concerned or want to talk about it. Besides, she thought it was pretty good that the diagnosis was only mild cerebral palsy. She was unprepared for the information Lisa unloaded on the phone. A number of times during the call, Anita wanted to end the conversation. She was unhappy that she had been unsuccessful in getting Mark to talk to her. She especially didn't want to hear that Mark threw one of Tony's toys across the room before he left the house. All of this added to Anita's discomfort. She felt Lisa's desperation and was overwhelmed by Lisa's expectation that she get Mark

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to the meeting. She was immediately relieved to be off the phone, but panicked at the thought that the situation wouldn't go away with the end of the phone call. She already had several pressing matters on her agenda. This was the week she planned to meet two newly referred families.

Reprinted from: Rosin, P., Green, M., Hecht, L., Tuchman, L., & Robbins, S. (1996). Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination (p. 201). Madison, WI: Pathways Service Coordination Project, Waisman Center Early Intervention Program, University of Wisconsin-Madison.

HANDOUT

Instructions for The Lisa and Tony Bonfiglio Story

Issues Raised in this Story

- It is difficult to feel prepared for every situation we meet as service coordinators. We need to have strategies to help us figure out what to do when we feel uncomfortable handling a situation.
- Some service coordinators do not have training in managing conflict or emotionally charged situations.
- Sometimes immediate situations arise and take precedence over the agenda set for a meeting or contact.

Training Activities

1. ***Solution-Finding Framework: Application to Stories*** (pages 63-64).
   Using the solution-finding approach, consider the next steps to take in this scenario.

2. ***Discussion Questions: Application to Stories*** (page 67).

   - Do you think the family's involvement with early intervention is increasing their stress at this time? What can Anita do to change the situation?
   - Where or to whom might Anita go to get support and clarification about her role in this situation?
   - How can Anita deal with her own emotional issues brought out by Mark and Lisa's situation?
   - Where else can Lisa look for the support she needs from Mark and how can Anita be of help to her?

Talking Points

- One of life's lessons is to expect the unexpected. For families with young children, the odds increase that the unexpected will happen. If the family has a child with special developmental or health needs, the potential for the unexpected increases.
- The unexpected, immediate need may relate to any aspect of the family's life. Service coordinators work with families who have young children with special needs, and crises may be common in their jobs.
- Crisis, by its very nature, is impossible to prepare for, but service coordinators can have strategies for reacting when faced with crisis.
- Some unexpected, immediate needs can be perceived as a crisis. When faced with a crisis, each service coordinator might think through the following questions:

  - What is the nature of the crisis?
  - Is the family asking for my support in this crisis?
  - Can I address the crisis with the family or am I in over my head?
  - If I need support, where do I get it?

(See *Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination* for more information on unexpected, immediate needs or crises.)

The Amy and Sam Chen Story

Amy and Sam Chen have two children. Their older child, Sandy, is in kindergarten in their neighborhood school. Their younger, David, receives services from the Stepping Stones Early Intervention Program. David has complicated needs around feeding and his care can be very intensive at times. He will be three in four months. Plans for his transition to the public schools for early childhood are in process. Amy and Sam recently attended their first meeting with staff from the school district and their early intervention service coordinator, Janice O'Brien.

We join Amy and Sam as they discuss what happened at the meeting.

Amy: Was that a tough meeting! I'm so glad we've started this now. The people all seemed nice enough, but I'm so confused. Maybe by the time David turns three I'll figure out what is going on. They talked about so many things that I didn't understand. I know Janice gave us written information a couple of weeks ago and even talked to me about the purpose of today's meeting. Still, I couldn't keep track of everything. Who were all those people? They probably thought I was really out of it; I was so quiet. Besides, why do we need to go through such a big thing to get David into school? We all know he has problems and that he has gotten services since he was three months old.

Sam: Yes, I know what you mean. I was hoping for more information about when he will be in school so you can start looking for that job you want to get when he goes to school. All we heard was that the program runs mornings and afternoons four days a week. We don't know whether he'll go in the morning or afternoon or which days.

Amy: At least Janice said she'd help us find child care or a preschool program to extend his day if we need more child care. Even so, I just can't imagine someone else caring for David all day. You know as well as anybody, I spend half of my days just keeping him fed and comfortable.

Sam: Yes, it is hard to think of someone else giving David the care you do. Are you sure you want to go back to work? I know we talked about this a lot, and that we could use the money, but....

Amy: That's a whole different conversation for another time! Not now.

Sam: Okay, another time. The other thing I didn't like hearing is that David and Sandy may or may not be in the same school. That would be terrible. It's hard enough thinking of David going off to school, especially on a bus. I'd like it a lot better if both kids were in the same school. You know how much David lights up when Sandy's around, and how Sandy looks out for him.

Amy: Yes, I thought about that too. It never occurred to me they wouldn't be in the same school. There's so much I don't get. I didn't know this transition would be so complicated. Why does it feel so hard?

Sam: So what are we going to do?

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Amy: I don't know. Maybe we need time and more information. It sounds like we don't have to decide anything for a while, but we both know how quickly three or four months can pass. I didn't get a chance to talk with Janice after the meeting. Maybe she can help us sort things out and give us more information before the next meeting with school people.

Sam: I know school is the place for David to get help and I want to make sure we get things worked out right for him. Starting with Janice sounds like as good a place as any. Are you going to call her?

Amy: Sure. I'm home tomorrow with David, as usual.

Janice also left the meeting feeling uncomfortable. She couldn't figure out why Sam and Amy were so quiet. They are usually much more talkative. She thought she had prepared them for the meeting. She gave them the program's transition booklet and talked with Amy about what was going to happen. She asked Amy if she had any questions and did not get any. Maybe they did not read the materials or could not make sense of them. Why didn't they ask? Janice also wondered if there was something specific that happened to make the meeting so stressful for them. She hadn't talked to Amy or Sam since the meeting and decided she'd better call. Maybe she can find out what happened and do something before the next meeting. Janice barely had a chance to write "Call Amy and Sam" on her "To Do List" when Amy called her.

Janice: I'm so glad you called me. I've been thinking about you. I had a feeling something happened at the transition meeting, but I don't know what. What's going on?

Amy relates her concerns about what the transition may mean for her family. Janice listens and responds as follows:

Janice: I'm sorry this has been so hard for you. Maybe I can talk to someone at the school to get more information and share your concerns. Do you and Sam want to be part of that discussion? Maybe that will help us get back on track for the next meeting. Maybe we can talk some more before that.

Amy: Do you think any of this will help?

Janice: It's always helpful to get more information to understand what we're working with.

Reprinted from: Rosin, P., Green, M., Hecht, L., Tuchman, L., & Robbins, S. (1996). Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination (pp. 206-207). Madison, WI: Pathways Service Coordination Project, Waisman Center Early Intervention Program, University of Wisconsin-Madison.

HANDOUT

Instructions for The Amy and Sam Chen Story

Issues Raised in this Story

- When and how to begin talking with families about transition from early intervention services to avoid or minimize parents' confusion.
- How to get at parents questions or issues during a meeting so they don't leave with confusion, misunderstanding and frustration.
- Program policies and practices for transition both for early intervention and school districts.

Training Activities

1. ***Solution-Finding Framework: Application to Stories*** (pages 63-64).
   This story's conversation gives us an idea about the impact that transitions can have on a family. Use the solution-finding approach to determine issues and plan of action.

2. ***Discussion Questions: Application to Stories*** (page 67).

   - How might transition information be presented to families in a way that reduces the confusion and bureaucracy of the process?
   - Think of some ways you might explain the roles of the school and staff involved in transition without using jargon.
   - Where can you direct Amy and Sam to get more information about early childhood special education?
   - How might you help Sam and Amy find other parents who have been through transition or are currently dealing with similar issues?
   - What other options are available to Sam and Amy? Develop a plan for evaluating those options.
   - Families have legitimate concerns about changing service systems and how change impacts their child. Generate a list of benefits to the child and family of transition.

Talking Points

- Transition can occur at any point in the IFSP process: at the beginning of early intervention, within early intervention, and at the end of early intervention at age three. Transitions are typically times of stress. The following service coordination skills are emphasized: preparation, planning, resource and management facilitation, and the provision of emotional support.
- Preparing for transitions is important. It is a time to collect information, explore choices, develop new skills if needed, and prepare emotionally for the loss of the old and the challenge of the new. (See *Pathways: A Training And Resource Guide For Enhancing Skills in Early Intervention Service Coordination* for more information on transitions.)

The Team Meeting Story

Beverly is a single parent with two children: Jeffery, who is 14 months, and Amanda, who is three years old. Beverly has been separated from Ed for 4 months now. Police were called twice for domestic trouble between the parents before the separation. Beverly chose not to press any charges. Ed is still in town and calls or tries to visit periodically. Beverly has contemplated a restraining order. She has expressed concern about the children's safety and her own, both because of her husband, and because of the neighborhood in which they live, where gang activity is apparent.

Jeffery was referred to early intervention services by the public health nurse (who was following him due to failure to thrive) for significant developmental delays, primarily in social and motor skills. He does not make eye contact or engage others. He is extremely irritable and cries much of the time and does not sleep through the night. His lack of weight gain continues to be Beverly's primary concern. One incidence of a broken arm that was not completely explained was reported and child protective services have been following the family. Some staff have voiced concern that it may have been caused during a fight between Beverly and Ed.

Beverly is a very caring mother. She is gentle and attentive with her children and appropriate with discipline. She is finding it very difficult to pull everything together and do what needs to be done to get access to the resources she needs. She either postpones making calls or filling in forms, or just forgets to keep appointments when other concerns come up. She is now on Aid For Dependent Children (AFDC) but has not availed herself of Women Infants and Children (WIC) and other possible benefits, such as Supplemental Security Income (SSI).

Beverly has expressed considerable frustration with the number of people and agencies involved with her family and the duplication of paperwork. She has asked Juanita, her service coordinator, whom she trusts, to help simplify communication between agencies and reduce the number of people who come to her home.

The early intervention services staff are becoming concerned about going into the home, and need some guidance about what to do if the father comes while they are there. They have also expressed frustration about trying to coordinate home visits with the occupational therapist and the public health nurse on issues related to feeding and nutrition.

Juanita has called a team meeting to discuss Beverly's concerns. In addition to Beverly and the early intervention services staff, she has invited the public health nurse, the occupational therapist, and, with Beverly's permission, the protective service worker.

Reprinted from: Rosin, P., Green, M., Hecht, L., Tuchman, L., & Robbins, S. (1996). Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination (pp. 72-73). Madison, WI: Pathways Service Coordination Project, Waisman Center Early Intervention Program, University of Wisconsin-Madison.

HANDOUT

Instructions for The Team Meeting Story

Issues Raised in this Story

- How to apply family-centered principles to building an agenda for an IFSP meeting.
- How the different perspectives of team members influence what they feel should be the outcomes of a meeting.

Training Activities

1. ***Solution-Finding Framework: Application to Stories*** (pages 63-64).
   Using the solution-finding approach, consider the next steps to take in this scenario.

2. ***Discussion Questions: Application to Stories*** (page 67).

   - What strengths did you identify for Beverly, for Juanita, for other IFSP members?
   - What are Beverly's concerns for this meeting?
   - Are Beverly's concerns different than those of other members of the team?
   - How would you resolve these differences?
   - Whose priorities should determine the outcome of the meeting?
   - What role would you want the service coordinator to play?
   - How would you handle concerns expressed by other staff?
   - How would you help staff understand their roles?
   - When and how would you deal with their concerns about issues such as nutrition, safety, protective services, and therapy needs for Jeffery?

Talking Points

- Who decides what the family needs?
- How would you ensure that all staff had a common understanding of family-centered care?
- What strategies have you used or would you like to use, to help resolve or clarify roles, outcomes and priorities?
- How do you communicate with each other to avoid conflict in a meeting?
- How do we ensure that the perspectives and knowledge that professionals bring to a meeting are shared?

Implementing a Fee System Story

You are the administrator of a large early intervention program. Some of your staff are service coordinators who are involved in the initial intake and referral of new families. You also have several parents on staff who work as outreach staff in your program, organizing parent programs and serving as a resource to you in the development of family-centered programs and policies. The service coordinators on your staff also arrange for the evaluation and assessment of children and families who may be eligible and remain involved with the families through all phases of the IFSP process—from the initial IFSP to transition when the child leaves the early intervention program.

In two months, your state will be implementing a sliding fee schedule for early intervention services provided under Part C of the Individuals with Disabilities Education Act (IDEA). The policy change has been under discussion for more than a year, but no specific information was available to you as a program administrator until just this week. The state hopes that by instituting a fee policy they will have more leverage in accessing private insurance and medical assistance. The current administration also believes that families should make some contribution to services they receive.

This is a significant change in policy because there have been no fees since the state began to participate in Part H in 1988. Prior to Part H, early intervention services were provided for more than 20 years as part of special education under Chapter 1, and no fees were charged for those services. The state has indicated that they expect all service coordinators to be ready to explain the fee schedule and institute the state policies at the end of this two-month notice.

Many of your service coordinators and outreach staff have expressed concerns to you about this new fee schedule. The service coordinators are uncomfortable with asking families about their financial situation, fearing that families will not continue to participate in the program once the fee schedule starts. They do not know how they will have time to collect this information as they are already feeling as if they have limited time with families. They do not understand why the state is instituting this policy because they believe that limited funds will actually be collected. Your parent outreach staff feel that parents are uninformed about the policy changes and had limited input as the policy decisions were being made.

HANDOUT

Instructions for Implementing a Fee System

Issues Raised in this Story

- Service coordinators work in a dynamic system and they need to be knowledgeable about changes that affect children and families.
- There are a variety of strategies supervisors and agency directors can use to support staff and to ensure that they gain the skills and knowledge they need to meet their position responsibilities.

Training Activities

1. ***Solution-Finding Framework: Application to Stories*** (pages 63-64).
   Using the solution-finding approach, consider the next steps to take in this scenario.

2. ***Discussion Questions: Application to Stories*** (page 67).

   - What would you do as an administrator to support your staff and assist them in gaining the information and comfort level they need to implement this policy?
   - What information would service coordinators need? How would you present it?
   - What skills and knowledge do service coordinators need? How will they learn these?
   - What attitudes or beliefs do service coordinators need to hold? How would you influence these?
   - What behaviors do you expect service coordinators to have with families? How will you ensure that this is the way they behave?
   - What personal support will service coordinators need during this change? How will you provide this?
   - How will you communicate with the families who will be affected by this change? What message will you convey? What strategies will you use to reach out, inform and support families?

Talking Points

- Look at different aspects of how supervisors and agency directors can support and train staff.
- What are the administrative structures you can put in place, such as staff meetings, newsletters, a meeting room, reference library, etc.?
- What training and information will you provide and how?
- What style of supervision and/or support might you use (e.g., peer, reflective, mentorship, written goals, individual learning plans, etc.)?

Scenario For Early Intervention Service Coordination: The Garcia Family

The Garcias are a family of six: Bill Garcia, the father; Teresa Garcia; the mother, Bill's mother, Maria; and the couple's three children: Mary, Rubin, and Robert. The family is very "tight knit." They are especially protective of Robert, the youngest child, who started in the early intervention program about nine months ago. Later this summer he will transition out of the early intervention program, as he is approaching age three. The early intervention team feels that Robert should transition into the three- to four-year-old program in the public school system. Robert has been diagnosed with cerebral palsy (hypotonic) and mental retardation. His progress has been slow since he started in the early intervention program.

Robert currently speaks a few words, which are intelligible, but mostly communicates through gestures. He walks with the support of AFOs on both feet and uses a wide base gait for stability. He seeks stimulation through movement and touch, and is most able to focus and verbalize at these times. He is a happy child who loves to laugh and will make eye contact, though sometimes fleetingly. When left to play as he chooses, he likes to walk around twisting doorknobs (successfully in some cases), picking up and then quickly disregarding toys, throwing toys, or looking out of windows and tapping on the glass. The family lives in a small trailer, and the little boy is often kept in a playpen in effort to decrease the "mess" he could cause.

Mr. Garcia is convinced his young son will learn to talk soon and behave like "normal" children. He does not like the idea of his son attending the three- to four-year-old program this coming fall. Mrs. Garcia also shares these expectations, but to a lesser degree. She, too, is not comfortable with the idea of the three- to four-year-old program, but has agreed to visit the site with her service coordinator; she wants to see what the routine is, and to learn about the expectations of the teacher. A PIE evaluation was recently completed, but the family did not stay for the family meeting to hear the results. They expected the PIE team to scrutinize Robert and only report back all the things he could not do. The early intervention team is concerned that the Garcias have demonstrated a lack of follow-up, in terms of practicing therapy exercises on their own. The team thinks that if Robert does not attend the public school program, he might not reach his potential.

You are the service coordinator returning from visiting the three- to four-year-old program with Mrs. Garcia; and are dropping her off at her home. She is feeling a little more positive about sending Robert to the program but feels her husband is fairly adamant about his son outgrowing the problem.

This scenario is based on *Challenging Situations and Scenarios in Service Coordination/Case Management*, identified by service coordinators and case managers working with children (birth to 21 years of age) and adults with disabilities in New Mexico.

HANDOUT

Scenario for Case Management: The Smith Family

Chad is 23 years old and has multiple disabilities. He lives with his mother, Janet Smith, who is also his guardian. Janet has been through a lot in the past 23 years with Chad, and has learned that often times there are contradictory or differing opinions about what Chad wants or needs. Chad doesn't speak and uses very basic vocalizations and facial gestures, or body movements, to express his intentions. He does not have a consistent means of communicating, although his mother can most often interpret his needs.

Janet remembers her early experiences with a dentist who suggested that she have all his teeth removed. Although Chad eats only pureed foods or formula, she couldn't see removing his teeth. She never understood that recommendation and hasn't returned to see a dentist since that visit. Now there is a suggestion from an ENT doctor that Chad have surgery on his ears because he has chronic ear infections; Chad's regular doctor has a different opinion. Chad doesn't seem to be in pain or bothered by the fluid in his ears. Mrs Smith is confused about the recommendation.

You are the case manager for Chad and feel it is your responsibility to follow up on the recommendation about surgery on Chad's ears. However, each time you call Mrs. Smith, she seems to end the conversation without agreeing to call for the appointment. And each time you call the clinic to get the medical reports and records to help facilitate what is needed (releases were obtained), nothing seems to happen.

This scenario is based on *Challenging Situations and Scenarios in Service Coordination/Case Management*, identified by service coordinators and case managers working with children (birth to 21 years of age) and adults with disabilities in New Mexico.

HANDOUT

Variation A

The Stressors in Our Lives: Skit with Parent, Service Coordinator, Supervisor

The following scenario depicts some of the challenges experienced by parents, service coordinators, and administrators in early intervention.

Narrator: Service coordination is a multi-faceted activity. It can be a somewhat stressful activity for parents, service coordinators and providers alike. This is especially true in the nation's current climate, in which there is a lack of sufficient resources for human services. Medical, educational and human service systems are often complex and marginally functional. The service coordinator's task is to figure out, in collaboration with the family, how to negotiate these systems in order to find the resources necessary to meet the needs of infants and toddlers with special needs, as well as their families.

One may encounter numerous challenges in trying to get the services or resources specified on the IFSP. Barriers can arise at various levels of interaction. On the **personal** level, a conflict in values may arise between a parent and provider; a provider and provider/agency representative; or between the provider and his or her supervisor or program manager. On a **team level**, disagreement related to the program mission, goals, or use of resources may develop among members. On a **programmatic or systems level**, there may be conflicting policies and procedures, duplicative paperwork, high case loads, waiting lists, lack of community resources, and nonresponsiveness of collaborating agencies. All of these cause barriers to the delivery or coordination of services.

These are only a few examples of the barriers that may arise as we attempt to do our jobs. Confronting challenges—or attempting to change how we react, how our team functions, or the responsiveness of our own or other agencies—can be confusing. We would like to demonstrate, through a brief scenario, some examples of what we think are typical stressors and communication patterns when coordinating services in early intervention.

There are three players in today's scenari —Liz is the parent, Peggy is the service coordinator, and Meredith is the case management unit supervisor.

In the scenario, we see Liz and Peggy discussing transition issues related to Liz's 2 1/2-year-old son, Carl. Peggy set up an initial meeting to discuss options for Carl when he turns three. Liz wants Carl to stay in the daycare center—where he started two months ago—rather than face the moves during the day that he would experience if he were to attend the preschool program at the public school. She has finally been able to work out both the transportation and her job schedule, so that dropping him off and picking him up are not such a hassle. Early intervention services are provided in the daycare setting by an educator and a speech and language pathologist. Liz works full-time, is a single parent, and also has two older children to care for and support.

HANDOUT

Peggy has just learned that the daycare staff has been having a hard time with Carl; they feel he should go into the public school program in the fall. Working with Carl has been more difficult than they thought. They have found the support of the early intervention staff to be crucial. They are concerned that when Carl turns three, staff will no longer be coming to the center and they will be left on their own. The staff feels Carl's behavior will get out-of-hand, and they will have no back-up. They feel that a different arangement should be made for the fall.

We join Liz and Peggy as they discuss the new turn of events.

Peggy: Liz, I'm glad we could finally find a time to get together. I know you've been preoccupied about getting all the transition decisions resolved for Carl. At our last meeting you were so pleased that he would be staying at the daycare center. Well, I got a call from Theresa, the daycare director, yesterday, and she said that her staff is concerned about providing care for Carl without the support of the early intervention staff. He's just too much for them to handle (rolls eyes upward).

Liz: (sigh) You know, Peggy, it seems to me this whole thing is going nowhere fast. We've had so many meetings to get these things worked out! I thought it was all decided. Are you backing out on this arrangement when it just got going?

Liz: (aside-step forward and speak to audience): I've had it with these meetings and these plans. I need someone to look after Carl while I'm at work. My boss said that if I miss work one more time this month, he's going to have to look for a replacement for me. I'm doing exactly what the doctor, psychologist, and social worker told me at the clinic last month. I just can't stand to go through another bunch of endless tests and questions, and then have them tell me that Carl has a behavior problem. I know that!!! The kid is driving me crazy!

Liz: (to Peggy) What is it you want me to do? I just want what's best for Carl, and I think it's important for him to be in a situation where the staff feel comfortable working with him.

Peggy: Well, I want what's best for Carl too! And what's best for you. I know you feel strongly about Carl being in a daycare where he has been doing so well. But once we get this settled there should be no more meetings. I know your schedule is really busy and it's hard for you to find the time for another meeting; and, when you get home I know that you have a lot to do with household chores, dinner, and getting the other kid's homework done, plus I'm sure a million other things.

Peggy: (aside-step forward and speak to audience, somewhat frantically) A million things, a million things.... I have tried a million things already to make this work. I just don't have the time to redo a transition plan for Carl. I've got to keep up with the families referred to our program. I know it's getting close to 45 days for some families. I can't take on another family on my part time schedule...I really can't! I need a vacation.

Peggy: (to Liz) Let's think again about what options we have for Carl when he turns three. Maybe somebody should re-contact the early intervention team and see if they have any ideas. What do you think?

Liz: Let me talk to Theresa at the daycare and try to get more information about her concerns. You can call the early intervention program and see if they have suggestions. Maybe they will have ideas for ways that Carl could stay at his daycare. Changes are hard for Carl, and once he settles in he will be okay. His behavior at home when he's comfortable is a lot different than in scary new places, and he's only been at the daycare a couple of weeks.

Liz: (aside-to audience) Oh, I hope this works out!

Peggy: (aside-to audience) Oh, I hope this works out!

Peggy: (to Liz) Well, it sounds like we have a plan then. I'll call the early intervention program and you'll talk to the daycare people.

Liz: Okay, could you call me at work on my lunch break on Thursday?

Peggy: Will do. I better it write down. I've got so much else on my mind that I could easily forget this. Take care.

Liz: Bye.

Narrator: As we leave Liz and Peggy in the first scenario, we join Peggy talking to her program coordinator at the Gateway Medical Center.

Peggy: ...So that's the situation with Carl. Liz called, and Theresa is fairly adamant that we need to find a new situation for the fall. I'm not sure if I should call a new meeting with the early intervention staff. When I brought it up at staffing I got a lot of feedback from people who said that I'm spending too much time on this, that I'm too involved, and that we should just follow the normal transition process with the schools.

Meredith: It sounds like you have a difficult situation here, and you need some support and information about transition options. You seem to think it's important that we respond to the family's priorities, so I guess you'd better figure out how to do that. By the way, have you had an opportunity to take care of those new referrals to the program? I know that Theresa and Carl are important, but so are these other families who are on the waiting list, and it looks bad for our agency if we get behind.

Peggy: (aside- to audience) Here we go again...I ask a question, ask for support and all I get is a pat on the head and more work. I've just about had it with this smiling administrator.

Peggy: (to Meredith) Yes, I know that the other families are important. I can only do so much on a part-time basis, and the program has nearly doubled since I started. We've got to get more staff.

Meredith: I know the staff is under a lot of stress and we could use more people, but the county budget is such that they are asking us to cut our program or, at best, increase by 2%, which is essentially a cut. We need to find more effective and efficient ways to work, and it begins right here, right now.

Meredith: (aside-to audience) I keep getting pressure from both sides—the county and the staff—and I'm feeling squashed. Keep the budget down, more options for families, be family-centered, but watch out for budget shortfalls. I am NOT a miracle worker!!

Peggy: (aside-to audience) I don't care about the budget. I have families with real needs. If I get any more "effective" or "efficient," I'll disappear!

Meredith: Well, Peggy, I know you'll figure something out. You are so creative in coming up with solutions. I've got another meeting right now, but let me know what happens (packing up to leave). Thanks for keeping me informed, and tell me if you need some help. Bye.

Peggy: Okay, thanks. Bye.

Peggy, Meredith and **Liz** (aside-step forward in unison to audience): **HELP!!!**

Instructions for Variation A

The Stressors in Our Lives: Skit with Parent, Service Coordinator, Supervisor

What Will Be Learned?

Participants will observe a verbal interaction; they will and learn that stress affects each of us, and we often feel similar stresses that we don't talk about. They will also be able to see how stress interferes with our ability to communicate. They will observe how information is received and perceived by three participants in a conversation. They also will analyze the interaction, noticing body language, verbal interactions, difficulties.

How Long Will It Take?

About 25 minutes.

What You Will Need

A copy of the skit, and three volunteer performers to play the appointed roles of parent, service coordinator, and supervisor. Process questions for use at the conclusion of the skit.

Instructions

Find three people who are willing to role-play the communication skit, and give them an opportunity to read through it (either during a break or before the day begins). Invite participants to notice the effectiveness of communication between players, paying attention to body language used to express what is happening If the group is large, you might divide people into three sections, having each section focus on one of the skit characters.

Talking Points

- Stressful situations often challenge our efforts to communicate clearly and effectively. We may forget what we know about communicating because our needs or emotions are strong. It is hard to be a good listener; to really focus on another person without distraction, giving that person our full attention.
- Anticipating and practicing how to think and speak clearly in stressful situations is one way of staying calm and getting our point across or our needs met.
- Stress affects all of us; how we deal with it is **a choice**. It is important, when we begin to feel overwhelmed or angry, to step back from the situation, to do some deep breathing, to relax a little, and to focus on what is urgent and important. We can set limits on what we can and cannot do.

Discussion Questions:

- Did anyone see situations in the skit with which they could identify?
- What were some of the issues for the parent, the service coordinator, and the administrator?
- What were the **FEELINGS** that were expressed and not expressed?
- What strategies might they have used to cope, talk, and listen to each other?

Follow-up Activity:
Reflect on three strategies that have worked well for you. Write them down. Acknowledge what you are doing to help you take care of yourself.

Handouts

The Stressors in Our Lives: Skit with Parent, Service Coordinator, Supervisor (pages 131-134).

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Variation B

A Stop-Action Skit: What's Wrong With This Picture?

Setting: This is an initial meeting to talk to a parent about her concerns, priorities, and resources for her daughter.

Characters: Peggy is the service coordinator. She exhibits problems in communication: too much, too fast, not checking in for clarification, taking control, not negotiating tasks, asking yes/no questions, making assumptions.

Liz is the parent and exhibits problems in communication: not offering information, not asking for clarification or to repeat questions, silence.

The Script

Peggy: Well, Ms. Hecht, Hi. I'm glad to finally meet you. As you know, I am the service coordinator from the Gateway Early Intervention Program. We are a program that ...(give long explanation of program). Any questions?

Liz: No.

Peggy: During your daughter's recent visit to the doctor's office, you expressed a concern about your child's development. The nurse completed a Denver and found that you were correct—your child has delays in motor and speech. The nurse called our program for a more complete evaluation, to determine eligibility for early intervention. Is that correct?

Liz: Uh huh....

Peggy: Well, let's get some information about your daughter, okay? Let's see, she was born at term, following an uncomplicated pregnancy, and was released from the hospital at three days, right? She has been healthy, with the exception of a few bouts of ear infections and URIs, and is followed by her pediatrician, Dr. Flanders.

Liz: Yes....

Peggy: Your daughter is now 14 months old and is having some delays in her motor and speech skills.

Liz: I think so.... Her older sister, Tammy, was doing much more at Betsy's age. She was walking and saying words.

HANDOUT

Peggy: It is hard not to compare children, isn't it? But children do unfold at their own speed. We will take a look at her skills though, especially in light of her low scores on the Denver. And we have a whole team of professionals at Gateway who are experts in working with children; and they will give you more information about Betsy's abilities. So, tell me some good times for you, and I'll go ahead and set up an evaluation to determine whether Betsy's delays are significant enough to make her eligible for E.I., Okay?

Liz: Yes, I do want to know if there is something I should be doing to help her.

Peggy: After the evaluation, we will be able to give you some suggestions.

HANDOUT

Instructions for Variation B
A Stop-Action Skit: What's Wrong With This Picture?

What Will Be Learned?

Participants explore ways of giving information to family members in a clear and sensitive manner.

How Long Will It Take?

25 minutes.

What You Will Need

The script for the skit, and two "actors."

Instructions

The participants first watch the role-play without stopping. As they watch, they make notes on interactions they would change. Then the role-play is reenacted. Participants call "freeze!" and stop the action. They then offer suggestions that make the interaction more in alignment with developing a partnership and good communication skills. They freeze the action simply by yelling out "freeze!" Then they make suggestions to the "actors" to change the interaction. Participants can do this as often as they like.

Talking Points

- Ask participants to explain why they made the changes they did.
- Facilitate a discussion on communication strategies that service coordinators find helpful.
- Why do we ask open-ended questions?
- What other communication techniques help to draw people into a conversation?
- How might you use a role-play in your work environment?

Handouts

A Stop-Action Skit: What's Wrong with this Picture? (pages 137-138).

Variation C

Roles on Teams: A Re-Enactment Skit - The Krunches Request More Physical Therapy

Setting: Monthly staff meeting at the Seneca Early Intervention Program.

Issue: The Krunches have requested physical therapy three times a week to implement a new treatment.

Who's present:
Amy Primary Colors, the early childhood teacher.
Barb Oldtimer, the social worker/service coordinator .
George Handstand, the physical therapist.
Linda C. Oordinator, the program coordinator, who is also a speech and language pathologist.

The Script

Barb: I was afraid this would happen. The outcome of Wednesday's meeting was that the Krunches want more physical therapy. I think it's because of something they read or maybe they didn't like the results of the recent assessment we did. Now they want to up their physical therapy from once a week to three times a week.

George: (*shaking his head*) There's no way. There's just no way. I can't do it. I only work half time and my schedule's completely filled. In fact, as it is I do most of my paperwork at home on my own time.

Amy: You do work very hard, and I know kids benefit from your work.

Barb: Kids benefit from all of our work. We have always had heavy caseloads and done our paperwork at home. I remember when I was in juvenile justice and I had hundreds of cases of families in crises.

George: (*a little disgusted*) Oh, Barb, not the families in crises stories again!

Linda: I know it's not going to be easy, but we do need to find a way of dealing with this request. We may be getting more requests like this in the future.

Barb: I bet not only the Krunches, but the Andersons, Rosemans, Johnsons, and Blackhawks will be asking tomorrow. Just wait. Today they're asking for physical therapy, tomorrow nursing. And plus, look at our salaries! Linda, did you talk to the county administrator about our salary schedules?

Linda: I've been meaning to tell you, I don't have any news on the salary schedule. I think they're stalling because they don't know what to do with our requests. I'll be meeting with... (interrupted by Amy) .

HANDOUT

Amy: We can talk about the salaries at the meeting next week. What are we going to do about this problem? I'm concerned we're not going to figure this out before our meeting is over.

Barb: I'm not sure we'll ever figure this out.

Linda: Perhaps going to the home three times a week isn't the only way to respond to the Krunches' request.

Barb: In the old days, we used to schedule intensive blocks of time, rather than once-a-week slots. We found it more efficient for helping some children.

Amy: (*to George*) Don't you drive by the house on your way to work everyday? Couldn't you fit in a couple more stops each week?

Barb: Yes, if you're really dedicated you would. We used to get up at 5:00 a.m., just to get there in the morning.

George: (*pulls out a chart with colored dots*) Now here I've got 20 children with 15 minutes for set up and five minutes to talk to parents. As far as I can see, the most I've got is two, half-hour slots open.

Linda: I don't think we should jump to this conclusion without looking at more options.

Amy: Why don't we invite the Krunches to come and talk to us about what they were thinking, and different ways we could meet their needs?

All: (*look quizzically as if an idea for a solution may be emerging.*)

Reprinted from: Rosin, P., Whitehead, A., Tuchman, L., Jesien, G., & Begun, A. (1993). Partnerships in Early Intervention: A Training Guide on Family-Centered Care, Team Building and Service Coordination. Madison, WI: Waisman Center UAP.

HANDOUT

Instructions for Variation C
Roles on Teams: A Re-Enactment Skit - The Krunches Request More Physical Therapy

What Will Be Learned?

Participants will explore team functioning and how the roles and styles of team members affect the dialog.

How Long Will It Take?

20 minutes.

What You Will Need

Script for the skit and volunteers to play each part.

Instructions

A return visit with the team from the Seneca Early Intervention Program illustrates many of the dynamics at play within one aspect of the early intervention process—the IFSP review. The outcome of the Krunches' Wednesday morning meeting was that they want more physical therapy. The following skit brings to life a meeting in which the team struggles with the request.

1. Prior to watching the skit, talk about roles in teams and ask participants to pay attention to the team roles and communication among the team members. Also ask them to watch for aspects of the team meeting that they would change in order to improve the meeting. You might provide participants with a checklist to assist them in thinking through the behaviors they observe.

2. Act out the skit.

3. Then ask participants how to change the skit to make the team meeting more accurately reflect recommended practices. This would be a large group discussion in which you would highlight the roles that people play, as well as their communication styles. Specific ideas for changing the skit are made.

4. The skit is then reenacted based on the group discussion. The skit is again followed by large group discussion about how the meeting was enhanced. Participants are asked to think about their own team meetings, and how roles and communication might be enhanced by the suggestions made by the group.

Variations:
This skit can also be processed using the *Solution-Finding Framework* on pages 63-64, or by using the talking points on the following page.

Talking Points

1. What is your reaction to the skit?
2. How did the individual characteristics of each of the team members add to or block the team's functioning?
3. Can you describe roles the members played on the team?
4. How did Barb Oldtimer impede the team's decision-making process?
5. How did the issue of resources (time and money) affect the team's discussion?
6. Did anyone take the leadership role? How might Linda have kept Barb from derailing the focus of the meeting?

Handouts

Roles on Teams: A Re-Enactment Skit - The Krunches Request More Physical Therapy (pages 141-142).

Mentoring: A Skit

Provider - Maria (M) and Parent - Isabell (I)

Provider (**Maria**) arrives at family's home.

M: It's so good to see you. How have things been going since we last got together?

I: We've been doing pretty well. Cheryl, the new therapist, is very helpful and has shown me some new things to try at night to help Josh stay more comfortable. So far, they seem to be working.

M: I'm so glad to hear that! I know you were having trouble the last time we talked. Before I leave today, maybe you can tell me what she suggested. It might be useful for some of the other parents I work with, who have similar concerns. By the way, did you get a chance to check out that parent group that we talked about?

I: Yes, I went last week. I was kind of reluctant to take the time, but it was worth it. Remember we had been trying to find a place for Josh to go swimming? Since he needs a heated pool and accessibility, I was feeling stuck until I talked to some other parents about it. Somebody at the group knew of a place we could try.

M: I'm glad that connecting with other families has been useful. I know of another family who might be interested. Can you give me the details so I can pass it on? Oh, that reminds me, I just heard about a leadership program on a state wide basis that connects families who have young children. If you think you might be interested in it, I'd be happy to bring you some more information.

HANDOUT

Instructions for Mentoring: A Skit

What Will be Learned?

This exercise looks at the "mentorship" aspects of the relationship between parents and providers. Participants will increase their awareness of the reciprocity in a mentoring relationship and be able to recognize that it is a mutual exchange of information, not a one-sided experience with the provider holding all the cards (or information). This skit is a stepping-off point for discussion.

How Long Will It Take?

15 minutes

What You Will Need

Copy of the skit, and two people to play the roles of parent and provider

Instructions

Participants observe a role-play between a parent and provider which demonstrates how a mentoring relationship might happen.

Talking Points

- The primary purpose of this exercise is to help people realize that mentorship is not necessarily a one way street.
- The parent may "mentor" the provider regarding some issues, resources or experiences. At the same time, a provider may "mentor" the parent in other areas.
- Mentoring is a mutual sharing of information.
- Mentoring is ongoing and can happen at any time in a relationship or exchange.
- To really be effective in a mutual mentorship, both parties need to acknowledge what they are gaining from each other in this relationship.

Discussion Questions:

- After viewing the skit ask people what they noticed about mentoring, who was doing it and when?
- Have you experienced a situation where you were the "mentor" to a parent, or where the parent may have acted as a "mentor" to you?
- Ask participants to discuss a mentoring experience they have had.
- What are the advantages of a mutual mentoring relationship? What are the disadvantages?

Handouts

Mentoring: A Skit (page 145)

The Ables: A Role-Play Activity

Setting

The Ables have two beautiful children: Jim, who is four years old, and Rex, age two. The family is involved in an early intervention program because of Rex's delayed development. While Rex doesn't have a diagnosis, he is not talking or gaining weight.

Mr. and Mrs. Able both work; Mrs. Able is pregnant with a third child. The Ables conscientiously follow through on the recommendations made by professionals. The speech and language therapist recommends one hour of therapy a day. The pediatrician insists that Rex have at least 20 ounces of fluid daily. In addition, the family has numerous home visits, clinic evaluations and medical appointments.

The service coordinator organized this meeting to resolve a conflict: the family can no longer follow through on all of the professional recommendations.

Characters

Mrs. Able: is burning out fast. Feeling guilty about Rex's delays, she has devoted hours to his therapy goals. She realizes that she can't continue to make Rex the center of their family; every member needs to be given consideration. She is also at a point at which she can no longer force Rex to eat. He cries when she feeds him and she can't get 20 ounces into him every day. She had called the service coordinator, asking for a way to resolve this "overload" problem.

Ms. Gaines: the speech and language pathologist believes that Rex will talk, given an hour of therapy daily. She is concerned that the Ables aren't trying hard enough to do the oral stimulation exercises with Rex. She suspects that they don't really spend as much time on therapy with him as they say they do.

Dr. Delahunty: the pediatrician is worried about Rex. She knows that if a child doesn't receive the appropriate amount of fluid every day that organ damage could result. She sees Rex as a high-risk patient and wants to be able to cure him. But she senses that Rex's disability is severe, and feels frustrated at her own lack of control over Rex's medical situation. She has prescribed tests, but continues to want to do more tests and more evaluations.

Ms. Chapman: the service coordinator is skilled at bringing people together and facilitating conflict resolution. She is a strong parent advocate, but also has a positive working relationship with other professionals. She is a parent of a child with a disability herself and has an understanding of the conflict. She sees that there is too much system pressure on the family to follow through on professional recommendations. She wants to listen to what would make the family's life easier. With the parents' permission, she invited the respite coordinator to discuss possible respite for the family.

HANDOUT

Mr. Clarence: the respite coordinator is there to listen and offer the parents information on the Respite Care Program. He believes that families with children with disabilities need respite, since they often face great challenges. He is a family advocate and believes that early intervention and service delivery should be family-directed, NOT system-directed.

Ms. Schneider: the occupational therapist feels that the Ables had their children too close together. She feels that someone should suggest to the Ables that they slow down in their reproduction. She feels that Mrs. Able should spend more time at home and less time at work; Rex probably would be coming along better if Mom stayed home. She feels that there is no reason why Rex shouldn't be able to eat—she believes he is doing it to be manipulative. She feels that the service coordinator advocates too heavily for the family and too little for Rex.

Developed by: Amy Whitehead (1991) for the Wisconsin Personnel Development Project.

HANDOUT

Instructions for The Ables: A Role-Play Activity

Issues Raised in this Role-Play

- Conflicts in values between providers and family.
- Whether early intervention adds to the family's well being, or adds more stress.
- Meeting the needs of the child and staying family-centered.

Training Activities

Follow the instructions for *Role-Plays or Demonstration Practice* on pages 75-76. This exercise might be most effective if you provide each person who is playing a character with his or her own description. Allow the others, who are role-playing or observing, to find out about the character—and his or her attitude toward the situation—as the role-play unfolds.

1. ***Solution-Finding Framework: Application to Stories*** (pages 63-64).
   Using the solution-finding approach, consider the next steps to take in this scenario.

2. ***Discussion Questions: Application to Stories*** (page 67).

   - How does a team resolve differences in what they think are best for the child? Who should decide?
   - How does a team collaborate with the family in developing IFSP outcomes that do not further burden the family?
   - How do you deal with value differences on your teams when they arise?

Talking Points

- The early intervention team is made up of people with different backgrounds and perspectives. That can be both its strength and a source of conflict. In team meetings, it is important for all to understand that the family members are the decision-makers for their child; providers are there to offer information and support. What does it mean to be family-centered in light of a professional disagreement with the family?
- The child must be viewed within the context of their family. If we are sensitive to that, we may make our recommendations in a way that supports the family and their decisions about what they can handle at the time.
- As a service coordinator, you may be called upon to facilitate meetings in which there are differences of opinion. How do you make sure that every opinion is heard and considered in the decision-making process?

Handouts

The Ables: A Role-Play Activity (pages 149-150).

IFSP Meeting: A Role-Play Activity

Jenny Tate is eighteen-months-old and has Down Syndrome. She is ambulatory and has an oral vocabulary of about five words. She is also hyperactive and requires very little sleep. She has a brother who is age 3 and a sister who is 4 1/2 years old. Her grandmother lives with the family and is very domineering. The grandmother also helps a great deal with child care. She is opposed to Jenny using manual communication (e.g., signing) because it will call attention to Jenny. She is positive that Jenny will "outgrow her problems."

Characters

Mr(s). Tate: is the parent. Mr(s). Tate is a pleasant, self-assured person who wants his/her child to attend a regular daycare program. He/she has expressed concern that he/she gets very little sleep due to Jenny's hyperactivity. Both of Jenny's parents have taken time to look at several programs in which to enroll Jenny. They want Jenny to begin learning signs because Jenny gets very frustrated when her wants are not understood and, subsequently, not met. Jenny has started having temper tantrums.

Margaret Jones: is the regular daycare teacher. Margaret has met the family and feels she has a good beginning relationship with them. However, she recommends that Jenny attend the special preschool so she can receive individual attention and training. She feels she can control Jenny's tantrums by distracting her, and does not feel that this is a big concern. However, she is concerned about Jenny's hyperactivity, due to safety reasons.

Beth Seanlon: is the early intervention specialist. Beth has worked in a special program for 10 years, since the "beginning," and takes her work with "special children" very seriously. She would be more than happy to have Jenny in her class. She takes pride in having gone into special education—as opposed to regular education—and sees a distinct need to separate the two. She is, however, apprehensive that the placement will not work without parent cooperation, and knows that the parents want a regular daycare setting.

Coretta Vincente: is the speech and language pathologist. She feels that Jenny should not learn signing yet because it may inhibit her vocabulary. She is also concerned about Jenny's hyperactivity and has strongly suggested various medications that she feels would help. She is an avid opera buff and has recommended that Jenny's providers sing to her when giving instructions; she thinks singing will also distract Jenny from her tantrums.

Myra Chase: is the occupational therapist. Myra is wondering why no one is concerned with Jenny's muscle tone. Although Jenny can get around, her gait is awkward. There is great difficulty for Jenny in forming vowel sounds—especially "oo" and "uh"—as well as extreme difficulty formulating some hard consonants. Myra has no intention of learning "another thing" like sign language. She considers signing a disadvantage because Jenny will not develop oral muscles, even though she does see Jenny's frustration when oral communication is insisted upon. She advocates for the special preschool program, so that an intensive OT/Speech, one-to-one program can be provided.

HANDOUT

Allen (or Alicia) Swain: is the service coordinator. Ms./Mr. Swain is a friendly, competent person who is in charge of this meeting. He/she is to facilitate the communication amongst all persons involved, and to have the group come to consensus on the placement decision. He/she knows what the assessments say and the feelings of the Tates, and of the others who are involved—with the exception of the Special Preschool Teacher. Ms./Mr. Swain is proud of his/her ability to keep everyone calm and cooperative in a meeting and believes that peaceful resolutions are preferable to making enemies. However, he/she feels in all conscience, however, that a placement in a special preschool is best and has just made that recommendation. Mr(s). Tate is about to speak when the meeting is picked up, in progress.

-- **Optional** -- If the group contains 7 people, assign the seventh to be the grandmother or observer.

HANDOUT

Instructions for IFSP Meeting: A Role-Play Activity

Issues Raised in this Role-Play

- Service providers have different opinions on necessary services and supports.
- Service providers have strong feelings about an approach or placement.
- Service providers may not be current in their area of expertise.
- Service providers must ensure the family's concerns and needs—more importantly than their own—are addressed.

Training Activities

Follow the instructions for *Role-Plays or Demonstration Practice* on pages 75-76. This exercise might be most effective if you provide each person who is playing a character with his or her own description. Allow the others, who are role-playing or observing, to find out about the character—and his or her attitude toward the situation—as the role-play unfolds.

1. ***Solution-Finding Framework: Application to Stories*** (pages 63-64).
   Using the solution-finding approach, consider the next steps to take in this scenario.

2. ***Discussion Questions: Application to Stories*** (page 67).

   - To ensure that all the issues get raised, what would be the best way to start this meeting?
   - How do you look for common ground while first keeping in mind what's best for the child and family?
   - How do you resolve differences with team members when you don't agree, think they are uninformed—yet verbal—about their recommendations?

Talking Points

- People on teams have different styles in their approaches to conflict.
- Some people may run from conflict and not state their opinions in order to steer clear of disagreements, while those who are willing to talk may end up guiding the decision-making process.
- Have you ever had the experience that someone on the team sits quietly as decisions are made only to sabotage the plan later on?
- Teams need to have methods of approaching conflict, and realize that the outcomes for addressing conflicts can be positive for team functioning.
- Many programs find it beneficial to have instruction in managing conflict.

Handouts

IFSP Meeting: A Role-Play Activity (pages 153-154).

Anywhere, USA: A Role-Play Activity

Setting

The Anywhere County Interagency Coordinating Council is meeting today to discuss the issue of developing a central point of referral for Birth-to-3 services in the county. The Council has seven members: two parent representatives, the Public Health Agency director, the Developmental Disabilities Services coordinator from Community Programs, the Infant Development Program coordinator, the Children's Services supervisor from the Department of Health and Social Services and the Director of Special Education. One of the parent representatives and the Children's Services supervisor, were unable to attend today's meeting.

This is the first meeting of the council on this issue. There has been one previous meeting at which the council was organized. They determined the central point of referral as the first issue to be addressed. The questions to be considered include: 1) Where (who) is the central point of referral? and 2) How can the different agencies work together?

In Anywhere County, the Infant Development Program provides home- and center-based special education and therapies. The program is administered through Community Programs. Most of the referrals are made by the Public Health Agency and the medical community. Currently, the public school serves children from age 3 to 21 who have exceptional educational needs; it also has recently begun to offer screening and evaluation to children from birth to three. The Department of Social Services offers many supportive family services.

Characters

The Parent: Being a part of a council is a new experience for you. Based on your family's experiences with your five-year-old daughter, and from the interactions you've had with other parents, you believe you have a good Infant Development Program but that initial information and service coordination are lacking. Your personal bias is that the Public Health Agency would be a logical point of referral, although you have heard different opinions from other parents. Therefore, you have resolved to keep an open mind.

The Public Health Director: Your agency provides many services and screening programs for young children and their families. You would be willing to take the responsibility of becoming the point of referral, but do not currently have a staffing pattern that would enable you to provide ongoing service coordination for the IFSP to all eligible families. Your data collection systems could be enhanced to include the necessary birth-to-3 data if all players were communicative. You feel the Developmental Disabilities Program administrators may not be communicating clearly about whom they serve, and how.

The Developmental Disabilities Coordinator: Your agency is interested in developing case management/ service coordination services for persons with developmental disabilities. It is your opinion—since you administer the Infant Development Program that—your agency should become the central point of referral, with Infant Development Program staff implementing the variety of

HANDOUT

programs/agencies; your data would reflect only the children actually referred. You have experienced some conflict with the Special Education programs due to some parents wishing to keep certain information off the referral during transition and other parents electing not to participate in special education services when their children become three.

The Early Intervention Coordinator: You have a close working relationship with the Public Health Agency since many of your referrals come directly from them. You are ambivalent about this issue; you recognize the advantages of making the Developmental Disabilities Program the point of referral, with service coordination through the agency that administers your program. Yet, since most families contact the Public Health Agency, it would seem that a step—or the possibility of two intakes—could be avoided by having the point of referral duties in the Public Health Agency. Public Health is also accessible to all families. You have been in your position for about six months and are not aware of any past history.

Director of Special Education: You prefer to not be involved in Birth-to-3 services, except as a back-up for screening and evaluation as mandated. Yet you would find it useful for long-term planning to have information on all children screened and served in the Infant Development Program, and other programs for children who are at-risk.

HANDOUT

Instructions for Anywhere, USA: A Role-Play Activity

Issues Raised in this Role-Play

- Early intervention is meant to be interagency. How do we move this beyond rhetoric and make it happen?
- What is the process of decision-making when working across agency boundaries?
- What are the differences between cooperation, coordination and collaboration? Our expectations of agencies needs to be clear.
- Service coordination involves being a change-agent to make the system function better for families.

Training Activities

Follow the instructions for *Role-Plays or Demonstration Practice* on pages 75-76. This exercise might be most effective if you provide each person who plays a character with his or her own description. Allow the others, who are role-playing or observing, to find out about the character—and his or her attitude toward the situation—as the role-play unfolds.

1. ***Solution-Finding Framework: Application to Stories*** (pages 63-64).
   Using the solution-finding approach, consider the next steps to take in this scenario.

2. ***Discussion Questions: Application to Stories*** (page 67).

   - What roles do service coordinators have in initiating change in policies and practices that effect families?
   - What process would you use to bring this team to consensus on the issue they are addressing?
   - How might each person on the team share their agencies' vision, mission, background, and relationship to the issue?
   - How might members who are new to the team be integrated into the existing team?

Talking Points

- Service coordination is defined by IDEA, Part C, as a set of functions to assist the family in the early intervention process. However, that definition might be expanded to include family empowerment via the service coordination process.
- Also, the definition might include system change as an important function of service coordinators.
- As service coordinators work with families, they are able to see what works and what doesn't work for families. Service coordinators may choose to get involved in changing policies and practices that are not working.

Handouts

Anywhere, USA: A Role-Play Activity (pages 157-158).

Collaborative Teaming and Problem Solving: A Role-Play Activity

Setting

The role-play begins with the service coordinator seated at a table with five chairs. One-by-one the other team members come in and sit down. As each person arrives, the coordinator says, "Hello," and indicates a place to sit. When everyone is seated the IFSP meeting begins. From the very beginning, there appear to conflicts amongst team members.

Characters

Mrs. Johnson: is a young mother with a first born child, Katey, now 16-months old. Kathy was premature, and has both health problems (seizures) and cerebral palsy. She is a very social baby who smiles a lot, but because of her motor problems has difficulties sustaining play with toys; she cannot yet walk. Mrs. Johnson is concerned about the seizure medication that the doctor prescribed because it makes Katey very drowsy, thus interfering with her therapy and learning. Mrs. Johnson is a good mother. She sees herself as competent and eager to learn all she can in order to provide Katey with the best possible learning environment. Mrs. Johnson's priorities are: to find a different medication that won't make Katey so drowsy; to work on some type of communication system that will help Katey interact more with the family; and to get her walking. Family goals include: more mobility for Katey on outings so the family can do things together; and more time for Mr. and Mrs. Johnson to be alone. Mrs. Johnson tends to have a good rapport with most professionals, but is not afraid to speak up for herself when conflicts arise.

Mr. Johnson: is a hard worker who stays away from home long hours at the office. He has had a difficult time adjusting to Katey and feels uncomfortable around her. Though he will occasionally play tickle games and rough-house with her, he leaves most of her care to her mother. He agrees with his wife about the medication, distrusts professionals, and sees the IFSP meeting as just another meeting—adding paperwork and complications to his family's life. He would also like to see Katey walk, but hasn't admitted to his wife that he sees this as a "pipe" dream that Katey will never accomplish. Nor is he very hopeful in general as to what intervention has accomplished, or will accomplish in the future, for Katey.

Dr. James: is a pediatrician who sees Katey's health as the major area of focus. When the coordinator asks for his opinion, the doctor tends to blame the parents for not following through on consistently giving the medication for seizures, and he also implies that the child's health is not stable enough for therapy or early intervention programs—both of which are coming into the home at varying times. He is definitely concerned with his "own agenda'" is abrupt and interrupts frequently, since he is on a "very busy schedule" and doesn't have much time.

Mrs Alexander: is the service coordinator. Although the service coordinator did a good job before the IFSP meeting of discussing family priorities, resources and concerns, she seems new at facilitating such a large group of people and appears to allow the professionals to take control. She wants to be a good advocate for the parents, but doesn't know how to resolve the conflicts between team members.

HANDOUT

Ms. Laine: the early interventionist along with the other team members evaluated Katey. She saw many strengths that Katey has in the language area, as she seems to understand appropriate concepts for her age level; Katey has worked out a good system of communication with nods, smiles, eye blinks, and some hand extension. She is a bit annoyed with the occupational therapist because he seems to be only looking at an isolated area of motor development. She feels that augmentative communication systems would be good for both. She also sees the mother as over-protective and thinks this is the reason Katey has made no attempts to walk—although she is creeping about. She doesn't see the value in hand exercises.

Mr. Ross: the occupational therapist (O.T.) has also evaluated Katey, and agrees that her communication problems are a concern. However, he feels that concentrating on Katey's hand functioning—so she will be able to feed herself and play more appropriately with toys—is the highest priority. He also tends to talk in "jargonese," without explaining his terms to the family or other team members. He doesn't know much about the switch-toys that the interventionist is suggesting, but would be willing to try these if he could also convince the rest of the team about the importance of continuing to explore exercises for hand function. He also doesn't feel that walking, even with adaptive devices, should be attempted at this time. "Katey is just not ready," is his feeling. He views the mother as unrealistic.

HANDOUT

Collaborative Teaming and Problem Solving Activity Worksheet

Identify the major concerns and issues that the team in your role-play needs to address.

As a team, select one issue—or a group of related issues—and generate a list of possible solutions.

Evaluate the alternatives and gain group consensus for one of the selections. Write your team's choice below.

How will your team implement the solution?

Strategies	Resources	Monitoring and Evaluation

Developed by: Linda Tuchman (1992) for the Wisconsin Family-Centered Inservice Project. Waisman Center UAP.

WORKSHEET

Instructions for Collaborative Teaming and Problem Solving: A Role-Play Activity

Issues Raised in this Role-Play

- Eliciting and honoring the family's desired outcomes.
- Assisting family members to voice concerns at meetings.
- Allowing for differences in feelings, wants, and hopes for their child.
- Provider who is not family-centered and who does not value early intervention.
- Service coordinator's role and status on the team.
- Team conflict or disagreement on the IFSP.

Training Activities

Follow the instructions for *Role-Plays or Demonstration Practice* on pages 75-76. This exercise might be most effective if you provide each person who is playing a character with his or her own description. Allow the others who are role-playing or observing to find out about the character—and his or her attitude toward the situation—as the role-play unfolds.

1. ***Solution-Finding Framework: Application to Stories*** (pages 63-64).
   Using the solution-finding approach, consider the next steps to take in this scenario.

2. ***Discussion Questions: Application to Stories*** (page 67).

   - How do you make sure that the family's concerns and priorities are addressed and honored?
   - What techniques do you use to help family members feel as though they are valued members of the team?
   - How do you, or the teams you work with, manage differences and reach consensus?

3. **Problem-Solving Activity Worksheet**
   An opportunity to look at team issues and consensus building.

Talking Points

- Family members do not always have the same perspective on the issue or the direction.
- Family members may need assistance in finding common ground (just as other members of the team may, as well).
- How to deal with the variety of status and role issues among team members.
- How to deal with team members' needs, e.g., honoring the physician's schedule while not devaluing others' struggles with time.

Handouts

- *Collaborative Teaming and Problem Solving: A Role-Play Activity* (pages 161-162).
- *Collaborative Teaming and Problem Solving Activity Worksheet* (page 163).

Brief Scenarios for Demonstration Practice

Scenario One: Sylvia's Story

Sylvia is an engaging three-year-old with a diagnosis of spina bifida. Sylvia's parents have decided that it is their top priority for Sylvia to attend their church preschool, where she will be amongst her family's friends and in an environment which reinforces the family's religious beliefs. Sylvia's older brother went to this preschool, so there is an existing relationship between the staff and parents. Sylvia's mother has been attending parent training sessions on family-centered care and educational law. She is determined to have her child in a natural setting.

The preschool director feels that while she welcomes Sylvia as a member of the church community, Sylvia's special needs simply cannot be met at the church preschool. The staff are untrained to work with children with spina bifida and Sylvia's personal care needs (e.g., catheter, transfers, diaper changes, access issues), would be difficult for the teachers. This is a low-budget, non-profit preschool with few funds to support "extra" activities. Moreover, the director really believes that Sylvia could benefit from specialized services offered through the early childhood public school program. She takes on the role of Sylvia's advocate.

Today, Sylvia's mother and the preschool director meet to discuss whether or not Sylvia can be admitted to the preschool.

Scenario Two: Joey's Story

Joey and his mother are living at the battered woman's shelter. The social worker at the shelter referred Joey to the early intervention program when she noticed that his language development seemed slow and his muscle tone was low. Joey is 22 months old, without a diagnosis, and is now being followed by the early intervention program. Joey's mother is currently unemployed and must find work in order to maintain some welfare benefits. She is also in an alcohol rehabilitation program. When the early intervention providers arrive for Joey's therapy, typically they cannot find Joey or his mother, and no one seems to know where they are.

The early intervention staff are under a lot of stress lately. Funding limitations and the no-show issue is a sore point among staff. In addition, recent medical reports have focused on the importance of brain development in the first three years of life. Some staff are deeply concerned about children who are not getting the proper stimulation and attention that is necessary in the first three years.

Today, the early intervention educator and Joey's mother talk about the importance of canceling appointments ahead of time, the long-term implications of early intervention for Joey, and the importance of follow-through with Joey's therapies.

HANDOUT

Scenario Three: Val's Story

Val is now six months old, born prematurely at 29 weeks. Val is doing moderately well, though he does require nursing care for suctioning and breathing regulation. Tashiqua, Val's mother, is 16 and lives with her aunt in an apartment. Tashiqua is trying to finish high school and needs more nursing care for Val. The home-visiting nurse has refused to come at night, citing safety as a concern; neighborhood gang activity is frequently reported in the media. The nurse has also voiced concern about the lack of sanitation in the apartment, as she has seen old diapers lying around and unwashed dishes. She also worries that the aunt is not a good role model for Tashiqua. The nurse does not feel comfortable expressing these concerns to Tashiqua, but has shared them with the early intervention service coordinator.

The service coordinator from the early intervention program arrives at the aunt's apartment to discuss Val's IFSP and to begin to build a relationship with Tashiqua.

These scenarios and the activity were developed by Amy Whitehead of the Waisman Center Early Intervention Program.

HANDOUT

Instructions for Brief Scenarios for Demonstration Practice

What Will Be Learned?

Participants explore issues and practice skills related to family-centered care and communication with families . Participants may be asked to take a perspective on an issue that is different from their own.

How Long Will It Take?

About 60 minutes.

What You Will Need

The role-play for the participants, and the corresponding worksheets.

Instructions

Gather in groups of three. Identify the roles for each person in the group: parent, provider and observer. Then ask all participants to read the scenario. After reading the scenario, the parent and provider role-play a dialog, while the observer makes comments/observations on the attached worksheet. Groups will have 15 minutes to dialog. Following the small group work, the large group will reconvene and small groups will share their observations.

Talking Points

See general discussion of *Role-Plays or Demonstration Practice* (pages 75-76).

- What did you learn when you experienced the situation from this person's perspective?
- What did you learn about your own values, responses and communication styles?
- What are some of the elements of family-centered communication that you can identify?

Handouts

- *Brief Scenarios for Demonstration Practice* (pages 167-168).
- *Observer Worksheet* (page 171).
- Worksheets as needed for solution-finding, or discussion questions.

Observer Worksheet

As you observe the parent-provider discussion, consider the following: listening skills, acknowledgment of each other's expertise, level of trust, level of effort to build a positive relationship, areas of potential, perceived or actual conflict, barriers, resources needed outside of the parent-provider pair in order to support efforts, and other observations.

Challenges/Barriers	Strengths/Strategies

Other Observations

TABLE OF CONTENTS - ECO-MAP ACTIVITIES

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Introduction

Eco-maps are pictorial representations of a complex system and the relationships between its parts. An individual or group of people work together to create a picture that describes the environment within which a parent, provider or administrator interacts with those around him or her. This picture or map can be used to describe what a family or individual experiences within a system, but it can also be used to describe how different agencies interact with each other. Eco-maps can describe: a) how families experience their resource network and support system; b) the costs and benefits of interactions with people and services; c) sources of stress and relief; and d) the collaborative relationships between various community providers.

This visual image or map allows us to see—from different points of view—the environment in which activities take place. Programs can use eco-maps to assess their relationships with the other agencies they collaborate with and the gaps or strengths in their communication networks. Comparison of eco-maps drawn by different groups—for example, public health nurses and program based service coordinators can help illustrate the impact of where a person works or how they use the system and what they consider important. Often, a picture can illustrate better than conversation what relationships are like and where there might be opportunity for change. It also provides an opportunity to see what is working well within the system and where relationships need to be developed or strengthened. The variations listed in this section are just some of the many topics that eco-mapping can be used to examine.

Drawing an eco-map, particularly when working in a group, can be a high-energy activity that involves a lot of conversation, an opportunity for creativity, some humor and silliness, and satisfaction with the end result. Participants often enjoy sharing their maps and looking at the differences and similarities they see. This can be a good activity for after lunch or toward the end of the day, when energies are lagging.

Drawing an Eco-Map

What Will Be Learned?

Eco-Maps give participants a pictorial representation of how people experience systems, their resources, networks and supports. This activity also provides an opportunity to see what is working well within the system and where relationships need to be developed or strengthened.

How Long Will It Take?

50-60 minutes.

What You Will Need

- To draw a map, use several large sheets of paper (such as flip-chart paper), colored markers, and a table or floor space large enough for a group of 4-6 people to gather around and work on the drawing. Individual maps are drawn on single sheets of chart paper.
- Colored pens, pencils or markers for each table.
- Worksheet of instructions (optional).

Instructions

Maps can be drawn individually or in small groups. There are many ways to draw an eco-map. It can be composed of concentric circles with the closest relationships nearest the center and the more distant relationships further away. Or, the picture might show a river with side streams, or a house with many rooms, or a pathway with smooth and gravel roads, and hiking trails. All of these and more are possibilities. Have participants choose whatever seems to make sense or appeals to them (or is easiest to draw).

It does not matter what examples you give, but include some more creative approaches, and give people permission to use their own creativity.

Once they have drawn the elements of their "map" or picture, ask them to draw in different lines and/or different colors, to indicate levels of interaction, involvement or partnership between the elements.

A SOLID LINE shows a strong interaction.

A DOTTED LINE indicates a weaker impact or involvement, but one strong enough to be included in the picture.

ARROWHEADS drawn on the line show the direction or flow of energies and resources.

HASH MARKS mean that the interactions are distressing, conflicted, or stressful.

USE OTHER LINES OR COLORS to indicate where you feel supported, where interactions are stressful, or perhaps where resources are lacking.

Talking Points

See variations on the following pages.

Handouts

- Worksheet of instructions (optional).
- *Setting Boundaries: It's Hard to Say No* (page 191).
- *Developing Our Vision: A Commitment to Action Worksheet* (page 193).
- *What Does the Early Intervention System Look Like?* (page 195).

Adapted from: Whitehead, A., Brown, L., & Rosin, P. (1993). First Glance: Tips for Service Coordination. Madison: WPDP, Waisman Center.

Variation A
Setting Boundaries: It's Hard to Say No

What Will Be Learned?

Participants think about the people they interact with and how comfortable they are with setting boundaries within those relationships.

Instructions

Ask participants individually to think about some of the people in their lives: friends, family, professional contacts, people they work with, people who support them in early intervention. Ask them each to draw a map of themselves and their relationship to the other people in their life. Have people share their "maps" with others at their table (10 minutes); and then process in the large group (15-20 minutes):

- The relationships where there are clear boundaries;
- The relationships where the boundaries are unclear or keep shifting;
- The relationships where they are comfortable with the boundaries;
- The relationships where they are uncomfortable with the boundaries;
- The relationships that feel stressful to them;
- The relationships that feel supportive.

At the end of the exercise, you might have participants take a few minutes to make some notes on what they learned from this exercise. Perhaps they might want to identify one relationship in which they want to clarify or define boundaries (5 minutes).

Talking Points

Boundaries are important. They define a relationship. They allow us a measure of control over our own lives. Noticing and enforcing our limits is one way we have of setting and respecting boundaries. We also need to be aware of and respectful of other people's boundaries.

Questions to facilitate discussion:

- Look at the relationships that you identified as supportive.
  Are the boundaries clear?
  Who set the boundaries of the relationship?
  Are you comfortable with the boundaries that have been set?
- Look at the relationships you find stressful.
  Are the boundaries clear?
  Who set the boundaries of the relationship?
  Are you comfortable with the boundaries that have been set?
- What did you learn from your drawing?

Questions for personal reflection (you would ask these in the large group, but not expect answers):

- Are there some patterns in your map that you can see? Are you more comfortable when boundaries are explicit? In what situations do you have trouble setting boundaries? Are there some relationships you want to handle differently? How might you do this?

Setting boundaries is not always easy. It means that we have to be clear about our needs and limits, and find ways or methods to make our boundaries clear to someone else. Sometimes that feels risky.

Generate a list of ways to set boundaries with the group.

- Early Intervention Examples:
  "I can be reached from 10-3 on Tuesdays and Thursdays."
  "Please call after 9 a.m. when the children have left for school."
- Personal Examples:
  "I'd really appreciate a phone call if you are more than 10 minutes late."
  "Please don't give the children sweets before supper."

Handouts

Setting Boundaries: It's Hard to Say No (page 191).

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Variation B
Where Do I Get Support?

What Will Be Learned?

Participants will identify the areas of support in their lives, as well as areas where they need support. Ask participants to think about the stresses in their lives and the people, places, services, and agencies that are supportive to them in handling these stresses.

Instructions

Draw in different lines and/or different colors, to indicate:

- the stressors you experience daily;
- the stressors that you feel you handle well;
- the stressors that really get you down;
- the supports you really appreciate;
- the supports that are hard to accept;
- the supports that have reciprocity (where you also support that person);
- the supports that come from formal agencies or services;
- other points....

Talking Points

In many situations, we are able to exert influence in many situations that we are often not aware of or do not acknowledge:

- we have control over our own reactions and emotional responses;
- we make interpersonal connections;
- we gave personal contacts that can be helpful;
- we know someone who has influence, whom we can educate;
- we can write letters and make presentations in order to influence decision-making.

Sometimes we have trouble seeing where our power lies and get stuck, without being able to see the options. Talking with others, a friend, or peers, will often give us new ideas.

Variation C
Visions of My Ideal Community

What Will Be Learned?

Participants will have an opportunity to think about and represent pictorially their vision of supports and services for children and families in their community.

Instructions

Ask participants to think about what the supports and resources would be like for children and families in their ideal community. Include both formal and informal supports. Think beyond existing boundaries and draw what the community would look like. There are many ways to draw the community. Encourage people to do what is comfortable for the group. Describe the relationships between components of the community by using different kinds of lines.

Groups can be organized in a variety of ways. For example, participants can be grouped by profession, by role in the EI system (e.g., service coordinators, parents, administrators, etc), by agency, or geographically, depending on the points one wants to make. Have groups share the critical components of their systems with the larger group.

Talking Points

- Notice the extent to which people think "outside the box" of existing services.
- How does perspective impact the vision that people draw?
- How does the importance of different relationships vary from one group to another?
- What elements of the group's visions currently exist?

Variation D

Developing Our Vision: A Community for All Children and Families

Talking Points

Participants will identify their vision of how a community should function and be organized in order to best meet the needs of young children and families. They will identify changes that need to happen to realize their vision, and begin to develop action plans that will bring them closer to their vision.

Instructions

Ask participants to first visualize a community which is meeting the needs of young children and families. How does it feel to be a parent, a service provider, or an interested citizen in this community? What family activities does the community sponsor? What happens on the weekends, at night, on Sundays, or holidays? How does it feel to raise a child in this community, to be a family member, or to work or provide services to families? What are the services, supports and resources in the community for young children and families? Share your vision with others at your table.

Next ask participants at each table to draw a group picture that captures their vision of the ideal community. Ask groups to share their pictures. As a large group, brainstorm ways to realize their visions. All barriers are put in a "parking lot." They are real but it is important to first develop a vision, a goal to strive for regardless of the barriers.

Have participants at each table work through the *A Commitment to Action Worksheet* (see page 193) identifying: 1) strengths, resources, programs, and community values that can be built on, to achieve their vision; 2) ways to collaboratively work with others in the community to achieve their vision; and 3) strategies or action steps to achieve their vision. Finally, ask each person to make a personal commitment to action, a concrete step they will take to move toward achieving their vision.

Talking Points

There is no real change without a vision of where we want to go. We often get trapped in all the barriers, but there are ways to overcome them if we each take small steps. We can more easily overcome barriers when we are able to articulate our vison. Articulating our vision is a way to find allies who also can buy into our vision and support its realization.

Handouts

Developing Our Vision: A Commitment to Action Worksheet (page 193).

Variation E
Informal and Formal Supports

What Will Be Learned?

Participants will look at how people experience resource networks and support systems.

Instructions

Ask participants to draw a picture that represents their system of supports, services and resources that they use to meet the needs of children and families. Participants should work in small groups of 4-6. The groups can be randomly mixed, or can be grouped by region or profession, e.g., parents, service coordinators, case managers, and program administrators.

Talking Points

Have the groups share their maps together and highlight the essential components.
Compare maps across groups and look for similarities and differences.

- What differences are there?
- Why are there differences?
- What similarities are there?
- Why are there similarities?
- Do you see anything in other maps you hadn't thought of that might be helpful?
- What informal or community-based supports are represented?

Variation F

Identifying and Accessing Resources: What Does the Early Intervention System Look Like?

What Will Be Learned?

Participants will look at how people experience the current early intervention system, its resources, networks and supports. It also provides an opportunity to see what is working well within the system and where relationships need to be developed or strengthened.

Instructions

Ask participants to draw a picture that represents the early intervention system from their perspective.

- Where do they work or receive services?
- With whom do they interact?
- What are the services, supports and resources they use to meet the needs of children and families, or the needs of their own child and family?

Talking Points

- Have participants look at the maps together and comment on what is represented.
- Compare maps across groups and look for similarities and differences.
- What differences are there? Similarities?
- Why are there differences? Similarities?
- Do you see anything in other maps you hadn't thought of that might be helpful?
- What does this tell you about your early intervention system?
- Is it comprehensive?
- Are relationships between agencies working well for staff and for families?
- Are their services and resources missing from your map?
- Are community services and activities being utilized in your system?

Handouts

What Does the Early Intervention System Look Like? (page 195).

Setting Boundaries: It's Hard to Say No

Think about some of the people in your life: friends, family, professional contacts, people you work with, people who support you in early intervention.

- Draw a "map" that depicts the relationship between you and the people you thought of.
- THERE ARE MANY WAYS TO DRAW THIS. You might use arrows and circles, with the closest relationships nearest you and the more distant ones farther away. Or your picture might show a river with side streams, or a house with many rooms, or a map with paved roads, gravel roads and hiking trails. All of these and more are possibilities. Choose whatever seems to make sense or appeals to you (or is easiest to draw).
- Once you have drawn your "map," use different lines (e.g., dotted, broken, hash marks, two-way arrows, etc.) and/or different colors to indicate:
  - relationships where there are clear boundaries;
  - relationships that support you;
  - relationships where the support is reciprocal;
  - relationships where you are comfortable with the boundaries;
  - relationships where you are uncomfortable with the boundaries;
  - relationships where the boundaries are unclear or keep shifting;
  - relationships that feel stressful to you.

HANDOUT

Developing Our Vision: A Commitment to Action Worksheet

GOAL OR VISION: Our vision is that early intervention will flourish in a community where:

RESOURCES: List strengths, resources, programs, and community values that you can build on to achieve your goal/vision:

NETWORKING: Identify ways you can collaboratively work with others in the community to achieve your goal/vison.

STRATEGIES: Identify a number of different action steps that you can take to achieve your goal/vision.

COMMITMENT TO ACTION: What are the first concrete steps that need to be taken to bring your vision to reality? Will you each make a commitment to action to achieve your group goal/vision?

By:______________________ I will ______________________________
date

____

Name:____

WORKSHEET

Sample Handout of Instructions
What Does the Early Intervention System Look Like?

- Draw a "map" that represents the early intervention system from your perspective. Where do you work or receive services? Who do you interact with? What are the services, supports and resources that you use to meet the needs of your child and family, or the children and families you serve?

- THERE ARE MANY WAYS TO DRAW THIS. The picture could be concentric circles with the most important agency or service nearest you, and the more distant services and agencies further away. Or the picture might show a river with side streams, or a house with many rooms, or a pathway with smooth roads and gravel ones and hiking trails. All of these and more are possibilities. Choose whatever seems to make sense or appeals to you (or is easiest to draw).

- Once you have drawn your "map," use different lines (e.g.. dotted, broken, hash marks, two-way arrows, etc.) and/or different colors to indicate your involvement or comfort with the relationship.

    - A SOLID LINE shows a strong interaction. This agency, service, or resource has a lot of impact, influence or meaning.
    - A DOTTED LINE indicates a weaker impact or involvement, but one strong enough to be included in the picture.
    - ARROWHEADS drawn on the line show the direction or flow of energies and resources.
    - HASH MARKS mean that the interactions are distressing, conflicted or stressful.
    - USE OTHER LINES OR COLORS to indicate where you feel supported, where interactions are stressful, or where resources are lacking.

HANDOUT

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Purpose

Panel presentations bring a variety of perspectives and life experiences to a training. Panelists are often chosen because they bring a viewpoint for discussion that the participants have not personally experienced. Panels are composed of a diversity of people who are invited to speak briefly about their personal experiences on a particular topic. This could include:

- experts knowledgeable about protection and advocacy;
- parent ideas about partnership;
- adults with disabilities discussing their views on growing up with a disability;
- seasoned service coordinator's thoughts on writing IFSPs; or
- fathers' experiences with early intervention.

Panelists may be asked to share information they think is important about a topic, or to answer specific questions related to the topic. The facilitator should spend some time before the event designing questions to target panelists' comments. This will help to ensure that you get the information shared for use in further discussions.

Preparation

The following organizational strategies are useful when conducting panel presentations:

- Spend some time before the training to clearly define the questions that the panel will address. Usually, 3 or 4 questions are enough for an hour-long presentation.
- Send a letter to panelists describing the event and the goals of the panel.
- Follow this with a conference call to panelists to discuss the questions they will address, the preferred format of the panel, and to answer any questions panelists may have. This serves to bring the panel together as a unit, to increase the comfort level of first time presenters and ensures that the panel will meet the trainer's goals for the presentation. Depending on the content of the panel and the time available, a short slide presentation related to the topic can precede the presentation.

Structure

A facilitator guides the panel through its presentation and keeps time as needed. The presentations can be highly structured and sequential, or panelists can respond to each other as well as the prearranged questions. This dynamic format is sometimes more interesting. Following the presentation, the audience can ask questions—if the panelists are comfortable with this. When the information is uncomfortable or challenging, it is helpful to give the audience time to discuss and process their emotional reactions to the panel or to share the idea or comment they heard that was most provocative. They can do this individually or in small groups, either with individual panelists or after the panel has left.

Panel Presentations

What Will Be Learned?

Panels offer an opportunity for participants to hear perspectives from a variety of parents, consumers, and experts in the field who have experienced many aspects of the service delivery system.

How Long Will It Take?

1.5 hours.

What You Will Need

- Slide projector.
- Microphone as needed.
- Table and chairs for panelists.

Instructions

Select panelists who are representative of the community in which participants work. Ensuring diversity at all levels (e.g., cultural, geographic, gender, and socio-economic class) is an important mechanism for illustrating how all families are individual.

Spend some time before the training to clearly define the questions the panel will address. Usually, 3 or 4 questions are enough for an hour long presentation. Often, a letter to panelists to describe the event and the goals of the panel is helpful. Follow this with a conference call with panelists to discuss the questions they will address, the preferred format of the panel, and to answer any questions panelists may have. This serves to bring the panel together as a unit, to increase the comfort level of first time presenters, and to meet the trainer's goals for the panel presentation. A facilitator guides the panelists through their presentation and keeps time as needed. Following the presentation, the audience can ask questions.

Thank the panelists and summarize 2 to 3 key points (e.g., parents say over and over again how they are the experts on their own children).

Instructions for Panelists:
Take about 5 minutes per question. Take turns so that everyone will answer each question before going on to the next. At the end, invite the audience to ask questions.

Developed by: Amy Whitehead (1993) for the Wisconsin Personnel Development Project.

Variation A

Developing the Plans of Support-A Family Perspective

What Will Be Learned?

Participants will understand some of the dimensions to the partnership between a family and service coordinator in developing the IFSP, and what can be learned from their current experiences.

Instructions

1. Please introduce yourself and tell us a little about yourself (adult) or your family.
2. What did people (your service coordinator or case manager) do in developing plans that helped support you to reach your outcomes or vision?
3. If you wrote your own plan, would it be different? If so, how?
4. If you could advise people here about working with you, what would you tell them?

Variation B
Understanding the Experience of Families

What Will Be Learned?

Participants will gain an understanding of the breadth of parent experience and how it relates to family-centered care. Questions might include the following:

Instructions

1. Tell us about your family composition, where you are from, what your child's special needs are, and what services you receive.
2. Pick three principles of family-centered care (provide ahead of time) and talk about your experience.
3. What has been helpful in working with providers, and what has been less than helpful?
4. Do you have any tips on how providers can best help families?

Developed by Amy Whitehead, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

Variation C
Adults with Disabilities-Sharing Perspectives

What Will Be Learned?

Participants will have an opportunity to listen to adults with disabilities share their perspectives about the people and activities that made a difference in their lives. Listening to adults with disabilities helps extend our vision for children. Panelists share stories and experiences related to the questions below.

Talking Points

1. Why does it matter to you where you live? Why, in particular, is the community important to you?

2. Please share a story about people who have come into your life who have helped you fulfill your dreams.

3. What kind of dreams did you have as a child about how you would live your life, and what kinds of messages did you get from others about your dreams?

4. If you could give advice to families who have young children about the things they can do to help their children live a full and meaningful life, what would you say?

Variation D
Helping to Prepare Families

What Will Be Learned?

Participants will have an opportunity to hear from families about the resources and practices that helped prepare them for life after early intervention.

Instructions

1. What did your service coordinator do that helped prepare you for your role after you left early intervention?
2. What are some of the most helpful supports your family uses, and how did you find out about them?
3. What were the most important things you learned in early intervention?

Family Member Presentation and Co-Facilitation

What Will Be Learned?

Participants will appreciate what a family experiences as they move through and work with different agencies and support systems. Families as presenters also help model the parent professional partnership that is the foundation of early intervention.

How Long Will It Take?

1.5 hours.

What You Will Need

- Slide projector if family member will use slides during presentation.
- Microphone as needed.

Instructions

A few weeks before the session, invite a parent to speak about his/her experiences as they relate to the topic you are discussing. For example, family members can share ideas and experiences about the most helpful aspects of service coordination, the kinds of assistive technology they found most useful, or how health care providers delivered bad news. Encourage the parent to use slides or video to provide participants with visual images of the family.

On the day of the session, introduce the family member.

After the parent has told his/her family story, facilitate a discussion around the principles and issues raised.

Thank the parent and summarize why the principles are important.

Talking Points

- Why is it important to view a child in the broader context of his or her family?
- What surprised you about the family experience?
- How might you incorporate it into your practice, based on what you heard?
- What did providers do that helped the family feel comfortable in their roles?
- How might you incorporate the family perspective into your organization's structure?

Developed by Amy Whitehead, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

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POTPOURRI OF GROUP ACTIVITIES, PAIR PRACTICE, AND INDIVIDUAL REFLECTION

This section contains various activities that have been used in Pathways training events for group interaction and discussion, and may lend themselves to use with a specific topic, such as *time management*. Or they may be employed for more general use, as in *consensus building*. You will find activities that work best in small groups (or large groups divided into smaller units), some that are designed for skill building and practice in pairs, and some that are for individual reflection. How you choose to use them will depend on the goal or purpose of the training event, the agenda for the training, and the experience of the participants.

Consider the Size of the Group

These exercises cover a variety of topics and strategies to involve participants through interactive and collaborative learning. Most of the group activities can be done with groups ranging from 6 to 60 or more people. Having large groups sub-divide into units of 6- to 10-participants will increase the possibilities of hearing ideas generated by the entire group, and give the participants an opportunity to hear from each other.

Consider the Purpose of Each Training Piece

Activities that involve *practice in pairs* provide the attention or intimacy that is difficult to achieve in larger groups. Enhancing the communication skills of listening, responding, or giving feedback are best done in pairs. Personal problem-solving is another skill to hone in the presence of one or two others, not in a group.

Allowing time for *individual reflection*, journaling, or other ways of recording key concepts or ideas can be another useful way for participants to summarize and internalize information. Making an effort to vary the pace, the interactive learning assignments, providing didactic information, and opportunities for problem-solving and questioning can result in fuller participation, better retention, and generally a more interesting program.

Variations

The activities in this section can be used as they are written, including the purpose, the time needed to complete, and the important points to be made. They can also be adapted and varied according to the topic of the training, the special requirements or needs of the audience, and the skill and comfort of the trainer. You will notice that many of the activities already include variations. These exercises are not static, and are not intended to be definitive or limiting. If you can make modifications that enhance their effectiveness for a particular purpose, we encourage you to do so. The bottom line is to be creative and flexible with these materials, but to also recognize their intent and effectiveness as they have been used in the past, and to maintain their integrity of purpose as changes are made to meet current needs.

Commitment to Action

What Will Be Learned?

Participants will have an opportunity to extend their skill building and information gathering beyond the training day. The participant chooses one or more actions that he or she is committed to achieving between the workshop and the regional follow-up day. The actions selected are sparked by the workshop content (information), process (discussions, activities), and networking with other participants. The participant sets his or her own learning objective/s.

How Long Will It Take?

About 20 minutes. The time it takes to complete the activities listed on the *Commitment to Action* will depend upon on what the participant would like to achieve.

What You Will Need

- Handout: *My Personal Commitment to Action.*
- A method of identifying the buddies. This can be done by coding the name tags or by self selection.

Instructions

At the beginning of the day, introduce the concept of the Commitment to Action. Explain that the workshop may spark ideas, generate questions, or identify areas of skills or knowledge that participants want to enhance. The workshop is only a beginning point and participants will get out of it what they put into it. They need to take responsibility for their learning. Encourage participants to jot down ideas and questions throughout the workshop day. If the questions are not sufficiently addressed during the day, these questions can form the basis of the Commitment to Action.

Explain that at the end of the day there will be time to write *My Personal Commitment to Action.* Oftentimes it helps to have support in carrying out a commitment. Ask participants to reflect on a personal commitment they have made in the past. Ask whether saying it out loud helped, or if having a partner to share progress and setbacks worked best. Examples might be dieting and exercise. Introduce the "buddy system" and encourage a process of "checking-in" with each other between this session and the follow-up day in the region.

Talking Points

- Today's workshop will address some questions, but may cause more questions to arise. We won't be able to get to all the questions. The Commitment to Action extends the benefits of the training and helps you to take responsibility for getting what you need.

The Commitment to Action can also be done without a "buddy" from the training event. Participants can write a commitment to themselves and put it in an envelop, seal it and mail it to themselves. Getting this reminder through the mail a few weeks later may stimulate further action or provide an opportunity to acknowledge an accomplishment.

- Today's workshop may point you in the direction of areas you want to learn more about, skills you might want to develop, or connections you want to make.
- You may find it helpful to have support in trying to achieve outcomes (reflect on the process being similar to service coordination or case management).

Handouts

My Personal Commitment to Action (page 219).

My Personal Commitment to Action

My strengths are: ______________________________________

As a result of this workshop, I would like to: ______________________________

My "buddy's name is : ____________________________________
His/Her telephone number: __________________________________
Date to check in: ______________________________________

Notes on our check-in discussion: ________________________________

Challenges to achieving my commitment to action are: ________________________

Success in achieving my commitment to action would be: _______________________

WORKSHEET

Cultural Reframing

What Will Be Learned?

Participants will recognize and begin to understand cultural differences and, realize that statements and questions can take on new meaning when restated in a positive way.

How Long Will It Take?

30 minutes.

What You Will Need

- Worksheet with phrases listed for reframing.
- Flipchart for recording suggestions from the group.

Instructions

Ask participants to spend about 5 minutes rephrasing the statements in column one of the worksheet. Go through each statement with the large group and ask for their ideas for reframing. Record these on the flip chart. Suggestions for facilitators are included (page 224).

Talking Points

- Talk about the importance of the language we use and the effect that our value judgments have on our perceptions of families.
- We must first understand our own culture, and our values and beliefs about others who are different.
- What is our responsibility to respond to co-workers who use judgmental language about families?
- How does positive reframing enhance our ability to work with families?

Handouts

- *Cultural Reframing Exercise* (page 223).

Adapted from: Flynn, N., Thorp, E., Evans, K. W., & Takemoto, C. (June, 1998). Multicultural Early Childhood Team Training Leadership Institute for Parent/Professional Teams Manual (Module 1A). Fairfax, VA: George Mason University & the Parent Educational Advocacy Training Center.

Cultural Reframing Exercise

1. They spend money foolishly.	
2. They look down on women.	
3. They are lazy.	
4. They don't try hard.	
5. They are punitive with their children.	
6. They have too many kids.	
7. They don't plan ahead.	
8. They are always looking to others to solve their problems.	
9. The don't get involved with their children's schools.	
10. They don't do enough to turn their lives around.	
11. They are never on time.	
12. They are unreasonable.	

From: Flynn, N., Thorp, E., Evans, K. W., & Takemoto, C. (June, 1998). Multicultural Early Childhood Team Training Leadership Institute for Parent/Professional Teams Manual (p. P1.9). Fairfax, VA: George Mason University & the Parent Educational Advocacy Training Center.

WORKSHEET

Cultural Reframing Exercise

1. They spend money foolishly.	1. Enjoyment is important.
2. They look down on women.	2. Cultural traditions are followed with respect to women.
3. They are lazy.	3. Life is more than work.
4. They don't try hard.	4. It is not important to be competitive.
5. They are punitive with their children.	5. Teaching children to behave appropriately is a parent's responsibility.
6. They have too many kids.	6. Family is what gives life meaning.
7. They don't plan ahead.	7. It is important to be spontaneous and creative.
8. They are always looking to others to solve their problems.	8. Guidance is needed to find appropriate services.
9. The don't get involved with their children's schools.	9. A parent has many demands on his/her time and often chooses to focus on the home.
10. They don't do enough to turn their lives around.	10. Life's ups and downs are accepted.
11. They are never on time.	11. Punctuality is not important.
12. They are unreasonable.	12. Some are very passionate about certain issues.

From: Flynn, N., Thorp, E., Evans, K. W., & Takemoto, C. (June, 1998). Multicultural Early Childhood Team Training Leadership Institute for Parent/Professional Teams Manual (p. T1.9). Fairfax, VA: George Mason University & the Parent Educational Advocacy Training Center.

HANDOUT

The Words We Use

What Will Be Learned?

To recognize and use words in our written and verbal communication that reflect and encourage the family-centered approach.

How Long Will It Take?

About 1 hour.

What You Will Need

Facilitator Guide to Reframing (page 227) and *The Words We Use* (page 229).

Instructions

Provide participants with a handout listing traditional ways to communicate. Ask participants to reframe the language in a family-centered way and process why the rewording is family-centered. See *Facilitator Guide to Reframing*.

Talking Points

Discuss and emphasize:

- Discuss participants' word choices and reactions in a large group. In small groups, ask participants to examine agency brochures, reports or job descriptions for words or phrasing that is "traditional;" then change the wording to make it more family-centered.
- How does reframing the way we label or think about people and families change the way we work together?
- The importance of language in reflecting our attitudes.
- Family-centered care is a shift away from 1) the provider or hospital as the authority, 2) the provider as the locus of control and decision-making, and 3) labeling families.
- Family-centered care is a shift towards 1) appreciation of the importance of the family as partners in the process, 2) acknowledgment that families bring important information to the decision-making process, and 3) understanding and tolerance of a family's situation, perspective, and reactions, and 4) acknowledgment of family strengths.

Handouts

- *The Words We Use* (page 229).

Developed by the Pathways Project staff, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

Facilitator Guide to Reframing

Provider as Authority

OLD WAY	FAMILY-CENTERED WAY
Policies	Guidelines
Allowed	Working Together
Not permitted	Welcome

Loci of Decision Making

OLD WAY	FAMILY-CENTERED WAY
Non-compliant	Joint decision maker
Uncooperative	Different priorities
Difficult	Describe behavior rather than labeling

Labeling Families

OLD WAY	FAMILY-CENTERED WAY
Dysfunctional	Coping
In denial	Sorting through the issues; need time to absorb the information; have a different perspective; full of hope
Uninvolved/don't care	Describe the behavior rather than label it. Use the family's own words. Think about distance from services, work conflicts, financial resources, levels of education, siblings at home, single parent, possible fear
Self-centered	Strong advocate
Demanding	Asking for what they want
Pushy	Assertive
Angry	In pain

Developed by the Pathways Project staff, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

HANDOUT

The Words We Use

Provider as Authority

OLD WAY	FAMILY-CENTERED WAY
Policies	
Allowed	
Not permitted	

Loci of Decision Making

OLD WAY	FAMILY-CENTERED WAY
Non-compliant	
Uncooperative	
Difficult	

Labeling Families

OLD WAY	FAMILY-CENTERED WAY
Dysfunctional	
In denial	
Uninvolved/don't care	
Self-centered	
Demanding	
Pushy	
Angry	

Developed by the Pathways Project staff, originally printed in: Rosin, P., & Whitehead, A. (1996). Family-Centered Care Curricula & Training Materials. Madison, WI: Maternal and Child Health Education and Training Institute.

WORKSHEET

Common Language:
One of the Keys to Wisdom

What Will Be Learned?

Participants learn and/or review acronyms that are used by service coordinators and case managers.

How Long Will It Take?

10 minutes.

What You Will Need

Flip chart and markers.

Instructions

Invite the participants to write down a list of the acronyms they use in their jobs. Go around the group and ask each person to give one (write these on the flipchart with their meanings). Give examples such as: Case Manager=Service Coordinator; UCP=United Cerebral Palsy; NICU=Newborn Intensive Care Unit; etc. Repeat the process for several rounds (depending on the size of the group and time available).

Talking Points

- Service coordination is essentially a relationship where both the family and provider need to exchange and understand information.
- Understanding each others' language is primary. Think about a situation in which words or acronyms were used, and you did not understand the meaning. How easy was it for you to ask for the definition?
- Part of becoming familiar with the "system" is understanding words and acronyms. Make sure when jargon is used that it is paired with a more common word; pair acronyms with their associated words. This helps to build a "systems" vocabulary.
- Listen for the words and terms a family uses and try to use the same words in your discussions.
- Model "people first" language, as how we talk reflects how we think. We want to always think about the person before the condition or diagnosis.
- Part of collaboration with other providers is understanding each other's language and increasing sensitivity to how others feel when we use it.

Handouts

None.

Old Scripts and Current Challenges

What Will Be Learned?

Participants will identify the relationship between their own beliefs and values and how it affects their interactions with others.

How Long Will It Take?

30 minutes.

What You Will Need

Flip chart and markers.

Instructions

Ask participants to identify a saying or a rule they grew up with. It helps if the facilitator gives an example to start the discussion (e.g., "If you don't have anything nice to say about someone, don't say it," or "We don't need other people to help us solve our problems"). If the group is small enough, go around the room and make sure everyone has a chance to share something. Record individual responses on a flip chart, or in another way, so that the group can see them.

Next, ask participants to identify one aspect of their work with families or providers that they find challenging. The facilitator can give another example (e.g., "I find it challenging when....I ask questions to learn more about a family, and don't get much information from my question." or "...people don't seem interested in doing anything about their problems"). List these challenges on the flip charts in a column next to the sayings.

Ask the participants to look at the two lists and look for what might be relationships between an old family script and what is challenging in working with others. For example, an old script: "Because I say so," may be connected to finding it hard when consumers don't follow through on a suggestion, or take your advice. Or, "If you can't say anything nice, don't say anything at all," may keep you from telling a health care provider that you are dissatisfied with his or her service. Relationships need not be forced, but often the group will be able to draw parallels between the two lists.

Finally, ask participants to reflect individually on any family saying and what they find hard. Encourage participants to write it down but not to share it. Ask participants to remember this exercise and when confronted with something "hard," to examine their reaction and think through how their values come into play.

Talking Points

Discuss how these sayings reflect values we grew up with, which we may or may not still adhere to, but may influence how we relate to and possibly judge others. Often, patterns emerge showing that behaviors that participants find most challenging relate to deeply seated values (e.g., Family rule: "You should try to solve your own problems." Challenge: "I find it challenging when women see themselves as and act like victims.")

Examination of these connections opens the door for further discussion.

- Why is it important to know your own values?
- How do they influence your day-to-day work with families?
- What do you do when your values differ from those of the families you work with?
- How do you keep your judgements out of the picture?
- What do you do when you can't?

Handouts

None.

Adapted from a presentation by Lizbeth Vincent (1994). Presentation in Madison, WI.

Searching Out Community Attitudes: A Treasure Hunt

What Will Be Learned?

Participants have an opportunity to talk with merchants, community service organizations, and those working in public facilities. Through conversation, they will get a sense of a community's attitude toward people with disabilities and its interest and willingness to reach out to them. This activity can lead to a series of discussions on how to go about increasing community options available to children and families.

How Long Will It Take?

1 ½ hours. Can be done during a lunch break.

What You Will Need

You will need a map of the area and a list of the places participants might visit. A city location allows participants to walk places within a short period of time.

Instructions

Before the day of the activity, identify a variety of locations where participants can visit, by walking within a fairly small area. Visit the sites ahead of time to identify potential areas for discussion. Have participants travel in pairs so that people unfamiliar with the community feel more comfortable exploring.

To Participants:

You have an opportunity to briefly explore a community and to discover information about accessibility for people with disabilities. You are encouraged to be curious, rather than judgmental, and to "ferret out" the answers to your questions without putting people on the defensive. Community Y has a reputation for being a progressive city, with a benevolent attitude towards an acceptance of diversity. Let's see how it measures up to some first-hand experience on the "micro level." Your task is...

Observe:

- What signs of accommodation have been made for people with disabilities? Think broadly about various disabilities—not only wheelchair accessibility.
- What kinds of people are using this facility? Do you see customers or employees who have disabilities using this facility or service?

Ask Community Members:

- Do people with disabilities use this place? Work here?
- Have you made any modifications to accommodate people with disabilities?

- Have people requested that changes be made to make it easier for them to access your business or service?
- How did (do) you feel about such requests?
- Do you anticipate future modifications or adaptations in your business or service to make it easier for a wider range of people to participate or access it?

Talking Points

After the group returns from the "Treasure Hunt," have a discussion based on the following questions:

- Based on your knowledge and experiences, are there things you would recommend changing?
- Did anything you learn surprise you?
- What was the range of attitudes you encountered?
- If you wanted to make a change in one of the places you visited, how would you begin?

Lead a discussion on how to go about increasing the options available to families and children by using existing community resources such as the local playground or public library. There are many collaborative opportunities for parents and service providers to share skills and knowledge in an effort to increase the receptivity of a community to people with disabilities.

Handout

Map with listing of places to visit (not provided).

Listening for Strengths, Concerns, Priorities, and Resources

What Will Be Learned?

Participants enhance their listening skills, learn the process for participating in a "family assessment" and learn how to translate it into outcomes on the IFSP.

How Long Will It Take?

45 minutes.

What You Will Need

- People set up in pairs, preferably with someone they do not know.
- *Listening for Strengths, Concerns, Priorities, and Resources Worksheet* (page239).

Instructions

Provide each pair with the worksheet, and walk them through the instruction sheet. Emphasize that each person will have an opportunity to play each role (they complete one experience, then reverse roles).

Talking Points

This activity can be used with an emphasis that focuses on sharing information of a more personal nature. It continues to be a way to practice listening and reflecting, but requires more risk taking on the part of both the speaker and the listener, because each is asked to share content from his or her own life. It is a closer replication of what families may experience in the initial interview process in early intervention.

- Listening to understand is our most important communication tool.
- Parents have reported preferring an informal, more conversational style in relating concerns, priorities, and resources versus checklists and written tools.
- Service coordination is a relationship. How we communicate with families is at the foundation of any partnership.
- Reflect on how you felt in talking about yourself or your feelings. Was it comfortable? If yes, what helped you to feel that way? If it felt uncomfortable, think about why. How might families feel?
- How did you decide on the outcome and strategies to address it? Reflect on the role of partnership in your discussion.

Handouts

Listening for Strengths, Concerns, Priorities, and Resources Worksheet (page 239).

Listening for Strengths, Concerns, Priorities, and Resources

Work with someone you do not know. You will take turns in each role. Decide who will go first (Person A).

PERSON A: You are meeting with Person B and are asked to share something about your family. **Person B will ask a few questions to gather some information.**

PERSON B: Using your active listening skills, **listen and learn more about this person, his or her family, and the challenges he or she is facing**. Then take a few minutes to translate what you heard into what you would describe as the person's strengths, concerns, priorities, and resources. Write your observations down briefly in the work space below.

Some questions you may choose to ask in gathering information are:

1. Would you tell me something about your family and the children in your life?
    - How do you define your family?
    - What do you and your family enjoy doing together?
2. In terms of your family, what is most difficult or challenging for you right now?

After you have shared what you have heard, work with your partner to **identify one outcome she/he would like to achieve and a strategy or two** that could be used to achieve this goal.

Concerns	Resources
Priorities	**Strengths**
Outcome # ______ (what you hope will happen).	
Activities/Strategies (things you will do to achieve this outcome).	

BEST COPY AVAILABLE

Roles on Teams: A Re-Enactment Skit - The Krunches Request More Physical Therapy

What Will Be Learned?

Participants will explore team functioning and how the roles and styles of team members affect the dialog.

How Long Will It Take?

20 minutes.

What You Will Need

Script for the skit and volunteers to play each part.

Instructions

A return visit with the team from the Seneca Early Intervention Program illustrates many of the dynamics at play within one aspect of the early intervention process—the IFSP review. The outcome of the Krunches' Wednesday morning meeting was that they want more physical therapy. The following skit brings to life a meeting in which the team struggles with the request.

1. Prior to watching the skit, talk about roles in teams and ask participants to pay attention to the team roles and communication among the team members. Also ask them to watch for aspects of the team meeting that they would change to improve the meeting. You might provide participants with a checklist to assist them in thinking through the behaviors they observe.

2. Act out the skit.

3. Then ask participants how to change the skit to make the team meeting better reflect recommended practices. This would be a large group discussion in which you would highlight the roles people play and their communication styles. Specific ideas for changing the skit are made.

4. The skit is then reenacted based on the group discussion. And the skit is again followed by large group discussion about how the meeting was enhanced. Participants are asked to think about their own team meetings and how roles and communication might be enhanced by the suggestions made by the group.

You can use the checklists provided to help guide the participants' observations. If you decide to use the checklists, you will want to review the specific team roles described on the *Team Roles Checklist*. A handout entitled *Team Roles Handout* is provided that defines each of these roles. Also review the items on the *Using Creative Techniques for Building Healthy Teams Checklist* and *Communication on Team Checklist*.

Divide the group into three sub groups, each group observing one aspect of the team's functioning (e.g., the roles people played, their communication skills, and the decision-making techniques used by the team). Perform the skit a second time asking people to check the actions they observe for each of the characters on their checklist as they watch the skit a second time.

Talking Points

1. What is your reaction to the skit?
2. How did the individual characteristics of each of the team members add to or block the team's functioning?
3. Can you describe roles the members played on the team?
4. How did Barb Oldtimer impede the team's decision-making process?
5. How did the issue of resources (time and money) affect the team's discussion?
6. Did anyone take the leadership role? How might Linda have kept Barb from derailing the focus of the meeting?

Handouts

- *Roles on Teams: A Re-Enactment Skit - The Krunches Request More Physical Therapy* (pages 243-244).
- *Team Roles Handout* (page 245).
- *Team Roles Checklist* (page 247).
- *Using Creative Techniques for Building Healthy Teams Checklist* (page 249).
- *Communication on Teams Checklist* (page 251).

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Roles on Teams: A Re-Enactment Skit - The Krunches Request More Physical Therapy

Setting: Monthly staff meeting at the Seneca Early Intervention Program.

Issue: The Krunches have requested physical therapy three times a week to implement a new treatment.

Who's present:
Amy Primary Colors, the early childhood teacher.
Barb Oldtimer, the social worker/service coordinator.
George Handstand, the physical therapist.
Linda C. Oordinator, the program coordinator who is also a speech and language pathologist.

The Script

Barb: I was afraid this would happen. The outcome of Wednesday's meeting was that the Krunches want more physical therapy. I think it's because of something they read or maybe they didn't like the results of the recent assessment we did. Now they want to up their physical therapy from once a week to three times a week.

George: (*shaking his head*) There's no way. There's just no way. I can't do it. I only work half time and my schedule's completely filled. In fact, I do most of my paperwork at home on my own time as it is.

Amy: You do work very hard and I know kids benefit from your work.

Barb: Kids benefit from all of our work. We have always had heavy caseloads and done our paper work at home. I remember when I was in juvenile justice and I had hundreds of cases of families in crises.

George: (*a little disgusted*) Oh, Barb, not the families in crises stories again!

Linda: I know it's not going to be easy, but we do need to find a way of dealing with this request. We may be getting more requests like this in the future.

Barb: I bet not only the Krunches, but the Andersons, Rosemans, Johnsons, and Blackhawks will be asking tomorrow. Just wait. Today they're asking for physical therapy, tomorrow nursing. And plus, look at our salaries! Linda, did you talk to the county administrator about our salary schedules?

Linda: I've been meaning to tell you, I don't have any news on the salary schedule. I think they're stalling because they don't know what to do with our requests. I'll be meeting with... (interrupted by Amy).

HANDOUT

Amy: We can talk about the salaries at the meeting next week. What are we going to do about this problem? I'm concerned we're not going to figure this out before our meeting is over.

Barb: I'm not sure we'll ever figure this out.

Linda: Perhaps going to the home three times a week isn't the only way to respond to the Krunches' request.

Barb: In the old days we used to schedule intensive blocks of time rather than once a week slots. We found it more efficient for helping some children.

Amy: (*to George*) Don't you drive by the house on your way to work everyday? Couldn't you fit in a couple more stops each week?

Barb: Yes, if you're really dedicated you would. We used to get up at 5:00 a.m., just to get there in the morning.

George: (*pulls out a chart with colored dots*) Now here I've got 20 children, with 15 minutes for set up and five minutes to talk to parents. As far as I can see, the most I've got is two, half hour slots open.

Linda: I don't think we should jump to this conclusion without looking at more options.

Amy: Why don't we invite the Krunches to come and talk to us about what they were thinking and different ways we could meet their needs.

All: (*Look quizzically as if an idea for a solution may be emerging.*)

Reprinted from: Rosin, P., Whitehead, A., Tuchman, L., Jesien, G., & Begun, A. (1993). Partnerships in Early Intervention: A Training Guide on Family-Centered Care, Team Building and Service Coordination. Madison, WI: Waisman Center UAP.

Team Roles Handout

TASK ROLES

Initiator	Brings a problem to attention of the team.
Information Processor	Collects and organizes information and opinions.
Clarifier	Makes sure the proposed solution is clear to everyone.
Energizer	Prods the team into action.

MAINTENANCE ROLES

Encourager	Praises and accepts contributions of others.
Harmonizer	Relieves conflicts between two members.
Compromiser	Backs down and compromises in a conflict.
Gatekeeper	Makes sure that less assertive members have a chance to express their views.

DYSFUNCTIONAL ROLES

Dominator	Tries to take over and control group with own agenda.
Blocker	Opposes the group or refuses to move on.
Aggressor	Criticizes, attacks, disagrees aggressively with group, person, or problem.
Disrupter	Behaves in a manner that distracts the group.

Adapted from:

Handley, E.E., & Spencer, P.E. (1986). Decision-Making for Early Services: A Team Approach. Elk Grove, IL: American Academy of Pediatrics.

Landerholm, E. (1990). The Transdisciplinary Team Approach in Infant Intervention Programs. Teaching Exceptional Children, 66-70.

Miller, D.W. (1991). Strategies for Getting Teams Unstuck. Unpublished manuscript from the American Speech and Hearing Association's Infant Project Institute III. Potomac, MA: Phoenix International.

Team Roles Checklist

WORKSHEET

	Team Members' Names			
	Amy **EC Teacher**	**Barb** **SW/SC**	**George** **PT**	**Linda** **SLP/Program Coordinator**
TASK ROLES				
Initiator				
Information Processor				
Clarifier				
Energizer				
MAINTENANCE ROLES				
Encourager				
Harmonizer				
Compromiser				
Gatekeeper				
DYSFUNCTIONAL ROLES				
Dominator				
Blocker				
Aggressor				
Disruptor				

Using Creative Techniques for Building Healthy Teams Checklist

WORKSHEET

Team Members' Names

	Amy **EC Teacher**	**Barb** **SW/SC**	**George** **PT**	**Linda** **SLP/Program Coordinator**
PROBLEM SOLVING PROCESS				
Identifies Positive Aspects of Issue				
Identifies Factors Leading to Issue				
Identifies Available Options				
Decides on a Course of Action				
TECHNIQUES FOR CONSENSUS BUILDING				
Brainstorming				
Experience the Other				
Avoids Assumptions				
Other				
RESOLVING DIFFERENCES				
Separate people from the issue				
Focus on interests instead of positions				
Invent options for mutual gain				
Use of objective criteria				

Communicating on Teams Checklist

WORKSHEET

Team Members' Names

	Amy **EC Teacher**	**Barb** **SW/SC**	**George** **PT**	**Linda** **SLP/Program Coordinator**
BEHAVIORS				
BODY LANGUAGE				
appropriate responsive				
TONE OF VOICE				
matches content matches feeling				
LISTENING				
open-ended questions				
encouraging				
listens to complete message				
RESPONDING				
reflecting				
paraphrasing				
questioning				
clarifying				
interpreting/summarizing				
ASSERTIONS				
"I" messages				
silence				

Team Building:
"Games People Play"

What Will Be Learned?

This activity is a team building exercise in a non-threatening, cooperative environment. It encourages participants to use play as a vehicle for communication, sharing, and creative use of resources. It can provide an opportunity to look at leadership and participation styles.

How Long Will It Take?

45 minutes to 1 hour.

What You Will Need

- One bag of assorted objects per group.
- These may include such items as: empty egg cartons, soda straws, string, pinecones, balloons, chopsticks, marshmallows, potatoes, paper, plastic pails, clothespins, different-sized balls, a timer, horns or whistles, or any item that might be useful if you were going to create a game. Each bag may contain the same items, or totally different items, depending on desired outcome and what is available.
- Space needed: Room for small groups to meet separately to plan their game strategy and try out some things before teaching others. Room to move around and be active.

Instructions

Divide participants into groups of 4 to 6 people each. Ask the groups to work separately, using any items they wish from their bag to design a game that can be played by people in another group. Consider the following: What are the rules for the game? What is the purpose (what should participants accomplish)? What skill might people learn while playing this game? Will there be winners? Prizes? Everyone's ideas should be considered; the group may wish to do a trial to be sure their game does indeed work as planned. Their last task is to teach/explain their game to one of the other groups and have the learning group try it out and give feedback.

Talking Points

- How did you work together as a team?
- How did you get everyone on your team involved in the planning process?
- What was easy about this assignment? What was difficult?
- How does making up a game relate to your life at this time?
- What did you learn about yourself and your leadership style as you participated in this assignment?
- How do you feel about your teammates after doing this? You may wish to reflect on this personally and not share it with the larger group. Giving feedback to others is a useful skill to employ here if there were problems.

An Exercise in Consensus Building

What Will Be Learned?

This is a group consensus building activity designed to give participants opportunities to work on a team, explore concepts related to a specified topic, and practice consensus building. Participants will learn techniques for reaching team consensus and improving their communication and listening skills.

How Long Will It Take?

1-1.5 hours, depending on whether you include the dyad exercise.

What You Will Need

- Flip chart, easel, pens.
- Two handouts for each participant:
    1. A Statement Sheet on a specific topic;
    2. *Partnerships in Early Intervention - Statement Sheet* (page 261)

Instructions

Divide people into groups, ideally with a mixture of disciplines and/or perspectives. Provide guidance on how to reach consensus. Ask groups to give everyone a chance to be heard and to share their choice and why it is important to them/what it means to them. This is necessary so that the group can begin to understand each person's point of view and/or frame of reference. Note that consensus is not a majority vote but rather a decision that everyone feels they can live with or be comfortable with. Remind participants that they are seeking some common ground.

Directions:
Individual Task - Ask participants to take a few minutes to read a list of what may, or may not, be characteristics of "Partnerships in Early Intervention." Ask them to identify what they think are the three most important or desirable characteristics are, and the three characteristics they feel are least important or desirable. Working independently, have participants make their own decisions and selections without conversation with others at their table. When everyone has finished, go around the table, allowing each person about two minutes to explain his or her choices and the reasons for them.

Group Task - After people have had an opportunity to explain their choices and the reason for those choices, the team as a whole attempts to arrive at consensus about the three most important or desirable aspects of partnerships in early intervention, and the three characteristics the group felt were least important or desirable.

Group Reporting, Discussion, and Critique - After each team has gone through the process, a group spokesperson will be asked to share:

- the outcome - components of partnership the group agreed were critical and those the group felt were least important, and;
- the process - the similarities and differences in the outcomes originally chosen by team members, the interactions for each team, and how the group finally reached; or did not reach, agreement.

Variation A:
Using the worksheet *Including Families in the Delivery of Service - Statement Sheet* (page 263), practice the same consensus process as described previously. This is a useful way for participants to discuss what they believe about family participation and to find common ground.

Variation B:
An alternative discussion can be held around the issues of concerns, priorities and resources, using the worksheet titled *Eliciting and Integrating Concerns, Priorities, and Resources - Statement Sheet* (page 265).

Talking Points

The Process:

- Explore the differences in reaching consensus with two people, compared with reaching consensus with a larger group.
- How did you feel as an individual? Did the dynamics change when you worked in dyads or with the whole group?
- Did the group take time to listen to everyone's perspective? What strategies did you use to reach consensus?
- Did people have different opinions based on their frame-of-reference? How did you deal with this?
- As the process evolved, what made you comfortable? What was uncomfortable?
- It is important to be aware of our own beliefs/biases and where they come from in accepting the ideas of others.
- What, if anything, would you want to change about your partnerships?
- How did you feel when you didn't agree with the group? How were you able to move ahead?

The Content:

- In what ways does the exercise reflect your "real" partnerships?
- Working in groups mirrors the sequence in early intervention when the dialogue first occurs between the service coordinator and the family, and then with the larger IFSP team.
- Partnerships may mean different things to different people.
- Your job position or frame of reference influences what you believe are the most important characteristics of the partnership.
- What is easy for you in building partnerships; what is less comfortable for you?

- What are the parallels with the first meeting with families and service coordinators and with the entire IFSP team?
- What will you use the next time you meet with other members of your team?

Handouts

- *Consensus Building Worksheet* (page 259).
- *Partnerships in Early Intervention - Statement Sheet* (page 261).
- *Including Families in the Delivery of Service - Statement Sheet* (page 263).
- *Eliciting and Integrating Concerns, Priorities, and Resources - Statement Sheet* (page 265).

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Consensus Building Worksheet

Individual Response

Most important or desirable:	Least important or desirable:
1.	1.
2.	2.
3.	3.

Comments:

Group Consensus

Some suggestions: Consensus is not a majority vote, but rather a decision that everyone involved feels they can live with. You are seeking to find some common ground. Give everyone a chance to be heard. Allow each person time to share their choice, what it means to them, and why it is important to them.

Most important or desirable:	Least important or desirable:
1.	1.
2.	2
3.	3.

WORKSHEET

Partnerships in Early Intervention - Statement Sheet

1. Partnerships require time for building relationships between parents and professionals.

2. Partnerships ensure better outcomes for children.

3. Partnerships are friendships.

4. All members of the IFSP team are equals in the partnership.

5. Building partnerships takes time that would be better used in direct intervention with the child.

6. Families have choices about who is included in the partnership.

7. Partners need to learn and use a common language.

8. We establish partnerships in order to keep parents involved in follow-along with therapies.

9. Partners must agree on goals and outcomes.

10. Sharing of unbiased and complete information is a key component in a partnership.

11. The parent point of view shapes the boundaries of the partnership.

HANDOUT

Including Families in the Delivery of Service - Statement Sheet

1. First there must be a partnership between family members and providers before families can be fully included in the delivery of services.

2. To include families in the delivery of services, we must move beyond the philosophy and into implementing family-centered care into policies and practices.

3. Families define their involvement in services, and this can change over time.

4. It is critical to reach consensus between family members and providers on the outcomes and strategies, in order to reach those outcomes on the service plan.

5. Including families in the delivery of services will increase the positive effects of services.

6. Some families are just not able to be included in the delivery of services.

7. A service delivery program has fiscal and resource constraints and can go only so far in being flexible and accessible to families.

8. It is important for providers to know how to integrate intervention into home routines.

9. If family members have unreasonable expectations for their child's development, providers must think of ways to ground the family in "reality" before they can be fully included in the delivery of services.

10. Sharing of unbiased and complete information is a key component in developing a service plan based on family or consumer visions.

11. The family's point of view shapes the boundaries of the partnership between the providers and family.

12. It is important that the early intervention/early childhood team work to include parents.

HANDOUT

Eliciting and Integrating Concerns, Priorities & Resources - Statement Sheet

1. There must first be a partnership between family members and the service coordinator before identifying concerns, priorities and resources.

2. Family concerns, priorities, and resources are often identified most comfortably through conversation.

3. Family members should be told about available service options.

4. It is critical to make certain that there is consensus on the outcomes and strategies in order to reach those outcomes on the service plan.

5. It is important to know that a service or resource exists before including it on the plan.

6. Having a variety of assessment tools is essential in determining family concerns.

7. The service plan needs to be written in a jargon free way.

8. We establish the concerns and priorities of the family in order to keep them involved in the follow-along with therapies and other interventions.

9. The family members and the service coordinator must agree on goals and outcomes.

10. Sharing of unbiased and complete information is a key component in developing a service plan based on family or consumer visions.

11. The family point of view shapes the boundaries of the partnership between the family and the service coordinator.

HANDOUT

Application of a Model of Team Dynamics

What Will Be Learned?

Participants will apply a model of team dynamics to challenges they experience in their meetings and team work The model will be used to analyze the different characteristics that affect team dynamics and provide them with a construct that can lead to successful problem-solving when their teams get stuck.

How Long Will It Take?

90 minutes.

What You Will Need

Familiarization with the model of team dynamics that looks at individual characteristics, group characteristics, and environmental factors is needed to understand the dynamics of team interactions. You will need to explain the model to the workshop participants in sufficient detail so that they can understand how to apply it to their own challenges–as described in the case studies they develop. You will also want to be familiar with the *Solution-Finding Framework: Application to Stories* (pages 63-64).

Instructions

1. Provide an overview of the three components that affect team dynamics (See *Team Dynamics Handout)*. Introduce the concepts and discuss how the team characteristics and environment are helpful in understanding the team's dynamics and interaction among team members.

2. Have each group identify a team issue that you would like to resolve.
    - Ask each individual to identify one issue from an IFSP team they participate in. Using the *Teaming Challenges Worksheet*, ask them to write down any individual characteristics, group characteristics or environmental factors that maybe contributing to the team issue they have identified.
    - Have group members share their issues.
    - Have the group come to consensus on one issue they want to explore further.

3. Have each group develop a situational story around this issue to be used as a case study. Using the *Case Study Worksheet,* ask the group to write up their situational story. Ask them to give as much information as they can on: the environmental factors under which the team operates; the group characteristics; and the individual characteristics of the participants.

4. Have each group exchange their "Case Study" with a neighboring group.
    - Review solution-finding format.
    - Give each group sufficient time so they work through the solution-finding process and get to strategies they would use to resolve the issue.

- Have participants in one group share their solutions/recommendations with the original group that developed the story.

4. In a large group, summarize the process people used, and highlight solutions developed by the individual groups.

Talking Points

- Where did your team issues fall in the team dynamic model presented?
- Were some issues easier to resolve than others?
- What solutions did groups develop when the issue was with the individual characteristics in the group? With the group characteristics? With environmental factors?
- Was this construct helpful?
- What responsibility do you have—as individuals—for the healthy functioning of your team?
- Did other groups have solutions/strategies you can apply?

Handouts

- *Team Dynamics Handout* (page 269).
- *Teaming Challenges Worksheet* (page 271).
- *Case Study Worksheet* (page 273).
- *Solution-Finding Framework: Application to Stories* (pages 63-64).

Team Dynamics Handout

Team dynamics are influenced by several factors: the individuals in the group; their interaction; and the environment in which they work. When problems arise, it is often helpful to look at each of these factors to identify where the stress or problem may be occurring. Solutions will be quite different if the issue is with an individual (individual characteristics); or with the interplay of individuals (the group characteristics); or with the resources or situation in which the group operates (environmental factors).

Individual Characteristics The team begins with what each individual brings to the situation. That is the distinct skills, knowledge, experiences, personalities, and attitudes. Service providers come with disciplinary training and their past personal and professional experiences. Parents bring their experiences, too, including their expertise about their children's special needs. They may have talked to more physicians or read more medical journals relevant to their child's special needs than the service providers on their team. Some parents also come to the team with professional training and experience, just as some other team members have relevant personal experience such as being parents or having a family member with disabilities. All members bring their own unique communication skills, beliefs, values, preferences, needs, and attitudes.

Group characteristics When people come together to form a team, the collective skills, experiences and attitudes of individuals merge into a group personality. The sum of the whole becomes greater than the individual parts. An Ethiopian proverb tell us "When spider webs unite, they can tie up a lion." As individuals come together over time, members take on roles to accomplish the work of the group. The personality is not static and is subject to change in response to a variety of group circumstances. These may include the amount of time the group has been together, the size of the group, changes in membership, compatibility or cohesiveness of the people on the team, the perceived status of people on the team, and norms that develop within the team.

Environmental factors Situational factors consider organizational structure, stability and goals, and sources of support and resources. These define the context for practice. New changes in federal laws or practice standards challenge teams to reexamine their goals and structure. Additional or shrinking resources affect the group. Changes in membership affect the stability and continuity of the group. All of these situational factors have an impact on the group dynamics and the responses of individual members.

Adapted from: Handley, E.E., & Spencer, P.E. (1986). Decision-Making for Early Services: A Team Approach. Elk Grove, IL: American Academy of Pediatrics.

Teaming Challenges Worksheet

Individual Task: Think of some challenges you have experienced with an IFSP team that made it difficult for the team to function well. Make some notes about the experience and record them in the appropriate box. See if you can think of one or two challenges for each box.

Individual Characteristics:

1.

2.

Group Characteristics:

1.

2.

Situational Factors:

1.

2.

Group Task: As a group, come to consensus on a teaming issue that your table would like to have some strategies to resolve.

Describe the Issue: Include information about the individuals on the team, background or history of the group, its current environmental situation, and the current challenging situation.

Write the Case Study: Using the attached *Case Study Worksheet*, write a story that highlights the issue and includes all the information you have on the group and its dynamics.

WORKSHEET

Case Study Worksheet

Describe the Issue: Give enough detail so someone else will understand your concerns. Include information about the individuals on the team, background or history of the group, and its current environmental situation.

How We Learn:
A Guided Fantasy

What Will Be Learned?

Participants will be able to identify the elements that facilitated their learning a skill. Based on this information, the group will be able to identify steps or elements that should be included when effectively teaching or transferring a skill.

How Long Will It Take?

Part I - 15 minutes.
Part II - 15 minutes.

What You Will Need

Worksheets for people to record what they have learned; they will then apply this to new teaching situations in which they want to transfer the skills to families.

Instructions

Part I: Ask people to get comfortable. Say: "Take a few breaths and relax. Close your eyes if you wish. I am going to ask you to think about something you learned how to do as a child or as an adult. Why did you want to learn this skill? Who taught you? How was the skill introduced to you? How long did it take you to learn it? What facilitated your learning? What got in the way? How did you feel as the learner? What do you wish your teacher might have done that he or she did not do?" (Pause between each question to give participants time to answer in their head). Ask participants to take a deep breath and open their eyes.

Take a few minutes and ask the participants to identify some of the elements of their experience that supported their learning—and perhaps some other contributing factors—such as trust in the teacher, opportunities and encouragement for asking questions etc.

Part II: Ask groups to identify a skill that a family might like to learn, and describe how they would teach that skill, incorporating as many of the strategies previously identified as they can. Where in the IFSP process would they teach this skill?

Develop a list of effective learning and teaching characteristics based on comments from the group.

Talking Points

Identify teaching and or practice opportunities you might have in the course of a family visit.

- What skills have families asked for help in learning?
- What have you learned from families that was unexpected and has enhanced your personal skills?
- Do you have someone whom you currently ask for support in learning new skills?
- What characteristics of this person make you comfortable with him or her?

Handouts

Transfer of Skills: Group Discussion Worksheet (page 277).

Transfer of Skills: Group Discussion Worksheet

What skill are you teaching?

Describe the strategies you use, or could use, to build on and enhance this skill. Be sure to consider the strategies identified earlier in the exercise, and incorporate as many as you can into this learning process.

Identify when you would teach this skill in the IFSP process.

Transfer of Skills:
Outcomes of Effective Service Coordination

What Will Be Learned?

Participants will consider and discuss a variety of potential outcomes for families: if service coordination is effective, and how specific activities by service coordinators might achieve those outcomes.

How Long Will It Take?

45 minutes.

What You Will Need

Outcomes of Effective Service Coordination - A Parent Perspective.

Instructions

Break into small groups. Give everyone a few minutes to look over the list of *Outcomes of Effective Service Coordination - A Parent Perspective*—without discussion—and pick their top three choices. The groups then collectively choose five of the outcomes and identify how they would support families to move toward that outcome. Ask participants to be specific in their list of strategies. Ideas are then shared with the larger group. Get a sampling of the ideas discussed from the large group.

Talking Points

- Were there common threads between all the groups? Point these out and reinforce the practices currently used to achieve these outcomes.
- Were there outcomes for which it was more difficult to come up with strategies?
- How would you embed the strategies into daily practice?
- Were there outcomes with which you did not agree?
- What are some of the skills you currently use to achieve some of these outcomes?
- Based on this discussion, is there anything you would like to change in your work with families?
- How would you justify to your supervisor the time committed to these family-centered, rather than child-centered, outcomes?

Handouts

Outcomes of Effective Service Coordination-A Parent Perspective (page 281).

Outcomes of Effective Service Coordination - A Parent Perspective

What I need to know and do:

- I know where to start to get information.
- I have a basic understanding of the resources available.
- I feel more confident in my skills to care for and nurture my child than when I began early intervention.
- I understand my child's disability or delay to the extent that I can converse comfortably with friends and relatives, and effectively with specialists.
- I don't feel embarrassed by what I do not understand.
- I have learned that the system of supports and services can be hard to work with; I am not intimidated by my lack of success at times.
- I have found activities and supports in my community in which my child can participate.
- I have become aware of how to access services beyond those available through my service coordinator or early intervention program.

How I work with a team:

- I am part of a team working on behalf of my child.
- I understand the role of my service coordinator.
- I feel comfortable with a group of people who can help me problem-solve.
- I feel my opinions are valued by the people who work with my child and guide the team's activities.
- I feel less overwhelmed by my child's needs than when I started early intervention.
- I feel that the early intervention staff is supportive of me and acknowledges the effort that I put in.

How I get what we need:

- I know who to ask for help.
- I have a basic understanding of the health and educational system components and what they can do for my family and child.
- I know there are laws that support my child's access to health, education and other activities in our community.
- I have an understanding of my role as my child's advocate.
- To some degree, I have become effective at getting what my child needs.

How can I feel connected/less isolated:

- I have found other parents to talk with and I feel less isolated because of this.
- I have a sense/vision of my child's future.
- I have learned that there are many people with disabilities. We are not alone.

Developed by the Pathways Service Coordination Project, 1997.

HANDOUT

Transferring Skills and Learning Styles: A Chopsticks Exercise

What Will Be Learned?

In a playful way, participants explore both their own learning style and how they transfer information to others.

How Long Will It Take?

30 minutes.

What You Will Need

- Chopsticks for each person, paper plates, and a variety of objects to pick up (e.g., toothpicks, chocolate chips, Cheerios, life savers).
- Cards that indicate the learning style to be used in teaching.

Instructions

Divide the group into pairs. Each pair receives two sets of chopsticks and a bag containing a variety of gadgets, doodads, and food to pick up with the chopsticks.

A note is included that gives further instructions (e.g., "Close your eyes during the activity," "Use your non-preferred hand," "Teach without words," "teach with your back turned," etc.)

For five minutes, one person in the dyad uses the chopsticks while the other coaches the chopstick user. After five minutes, they should switch roles.

When all participants have had a chance to be the learner and the coach, process the activity using the talking points.

Talking Points

- How do you teach and transfer skills?
- What did your coach do that was helpful?
- What did your coach do that didn't help you?
- How did you feel about the directions you got from your coach?
- What did you learn about your own learning and coaching styles?
- What role did humor play in your continuum of choices and meaningful involvement?
- How might this apply to your work with each other and with families?

Adapted from: Rosin, P., Green, M., Hecth, L., Tuchman, L., & Robbins, S. (1996). Pathways: A Training and Resource Guide for Enhancing Skills in Early Intervention Service Coordination. Madison: Pathways Project, Waisman Center.

My Greatest Challenge to Effective Service Coordination

What Will Be Learned?

Participants will discuss their own challenges in implementing service coordination. Or, family members will share what is difficult for them in receiving service coordination. Both will hear from other participants about strategies to meet these challenges.

How Long Will It Take?

About 1 hour and 15 minutes.

What You Will Need

- Index cards.
- Blank overhead transparencies or flip chart.
- Overhead markers for each team.
- Overhead projector and screen.

Instructions

Each person at the table takes about three minutes to jot down the greatest challenge they have experienced in service coordination. Ask people in small groups, to take 10 minutes to discuss the challenges each person wrote down. They should come to consensus about which challenges they would most like to address. Each group shares the challenge selected as the facilitator lists them on an overhead or flip chart. From that list, each table should agree on one challenge to address and write it on an index card. Each group passes it's index card to the next table. The group takes 15 minutes to brainstorm strategies for addressing the challenge and lists their ideas on an overhead transparency. A member of the group shares strategies with the large group. Depending on time, you may have the group pick its top strategy, or top three strategies, rather than discussing them all.

Talking Points

- It is important to acknowledge that the current system is less than perfect and to share what we find challenging.
- What is challenging for one person may have already been solved by another. We need opportunities to share this information.
- The collective group process can be an effective way to resolve issues and confront challenges.
- A network of experienced people, to seek out as challenges arise, can be very helpful in effective service coordination.
- What might you do to build your own network of support?

Time Management:
Hey! It's YOUR Life

What Will Be Learned?

Participants will reflect on the way that their use of time impacts on their professional and personal lives. They will spend time considering what is *urgent* and what is *important* in the tasks and responsibilities that they currently face. They will also be asked to make some choices and set some priorities.

How Long Will It Take?

30 minutes.

What You Will Need

Hey! It's YOUR Life!...What's Urgent and What's Important???! (page 289).

Instructions

Introduce the activity by touching on the following ideas. The concept of time and the nature of jobs in the human service profession in the late 20th century leaves most of us feeling overwhelmed and under pressure. It seems that there is never enough time to get everything done, and that much of this is out of our control. That is not the whole reality, but it often *feels* that way. When we step back from the immediate task or crisis, we begin to notice that we are largely driven by the choices we make, and that we have the power and control to do things differently, to make other choices. Notice the challenges in living with the time constraints placed on us by work, family, community, world issues, and personal needs. Emphasize that each person must find his or her own way of effectively dealing with these, and that there is no single model that will work for everyone. One way to begin exercising our own control happens when we decide what is *urgent* (tasks that have short-term consequences) and what is *important* (tasks that have long-term, goal related implications) in our lives. It is equally important to build in time to take care of our own personal needs. Blocking out time on the calendar for ourselves to play and rest is not a luxury, nor trivial. It is basic to good mental and physical health. Think about long term goals and dreams. Are there places on their calendars marked for these things?

Next, ask participants to complete the handout according to the directions at the top. Spend a few minutes processing the first part of the activity. Next, ask participants to take a couple of minutes to review their lists: ask them to put a "D" next to any task that can be delegate or deleted, and indicate to whom they may delegate to.

Finally, discuss in small groups what changes you could make at work that would simplify or enhance your job. Do not be limited by current perceived constraints! Imagine the best possible scenario. What is possible to change this month? What are your goals for six months from now? Who will hold you accountable or be your ally?

Talking Points

- How did you decide what was **urgent** and what was **important**?
- How are you feeling about your choices? Looking at your choices, are they consistent with the way you are currently living your life?
- What are some things you would like to change or do differently?
- How do you feel about asking for help? Do you have support people in your life who can be counted on to help out? (If not, this may become a priority.)

Handouts

Hey! It's YOUR Life...What's Urgent and What's Important???! (page 289).

Hey! It's YOUR Life!...What's Urgent and What's Important???!

Take a look at the items on the following list. As you read each one, mark a "U" in front of the item if it is "urgent" (tasks that have short-term consequences) and an "I" next to each item you feel is "important" (has long term, goal related implications). Some items will not have any mark when you finish.

____schedule an evaluation for child referred last month
____participate in M-team for child who is turning three in a month
____attend staff meeting at work
____present at a staff inservice
____meet with a family to discuss changes in providers identified on the IFSP
____write letter of support for your early intervention program
____attend parent/teacher conference for your child
____have dinner out with partner or good friend
____take my mom to doctor to examine her for high blood pressure and headaches
____follow-up on a denial of insurance for a child
____get oil changed in car
____meet with your supervisor to discuss job performance and a raise
____call program parent whose child just died
____schedule plumber to fix leaky toilet
____call chiropractor to get adjustment on your back, since you are not sleeping well
____send birthday card to your brother
____have brake pads replaced on car
____get lawn mowed (snow shoveled off walks) to avoid receiving a citation from city
____schedule annual physical
____file expense report for conference you attended last month
____order flowers for parents' 35th anniversary
____take cat to vet; it is pulling out hair
____complete reports from last week's home visits
____meet with new therapist at the hospital to discuss IFSP process
____make referral of daycare for family in program
____send in registration for upcoming training you got permission to attend
____send out invitation to daughter's 4th birthday party
____organize files in office so you can find things
____pick up books you requested at library
____complete data report for hours spent in service coordination last month
____have eyes checked; order new glasses
____return phone call of physician regarding an evaluation report
____talk to office mate about interruptions, personal phone calls at work
____write a thank you letter to school staff for attending a transition meeting
____contact three families referred to the program last week
____get new appointment book; the dog ate yours last night
____call dentist about the new crown that is driving you crazy
____go to the gym three times this week

HANDOUT

Generating Solutions : A Round Robin Exercise
"Help! I'm In Over My Head!"

What Will Be Learned?

Participants will learn new ideas and strategies for issues that are challenging to them. They will share their expertise with each other and learn about solutions to issues that others might be facing.

How Long Will It Take?

30 - 45 minutes, depending on the number of people in the group.

What You Will Need

"Help! I'm In Over My Head" Worksheet (page 293).

Instructions

Ask each person to take a few minutes to write about an issue or situation that is challenging for them. They need to give sufficient detail so that others reading the situation will understand the issue or challenge and be able to give constructive suggestions.

Once everyone has completed their description of the issue or challenge each person passes his or her issue to the person on the right, who reads the situation and writes down in the first box some ideas or suggestions to resolve the issue. Each issue then gets passed to the next person and around the table in turn. Each person builds on and adds to the comments of the people before them.

Once everyone has had a chance to respond in writing to all the situations, participants have an opportunity to read what people have written, and to, in turn, ask for clarification if a suggestion is not clear.

Talking Points

Points to highlight will depend on the topic. People will be interested in seeing if they have similar issues, if the suggestions were helpful, and to find a key idea they are going to try.

Handouts

"Help! I'm In Over My Head" Worksheet (pages 293-295).

"Help! I'm Over My Head" Worksheet

A challenge I am facing in my role as a service coordinator/supervisor/parent is:

Suggestions:

WORKSHEET

"HELP!" Worksheet - Continued

Suggestions:

Suggestions:

Suggestions:

"HELP!" Worksheet - Continued

Suggestions:

Notes from the discussion:

Change Agent Skills:

What Does Being a 'Change Agent' Have To Do With My Job?

What Will Be Learned?

This exercise helps participants to reflect on their current employment situation, look for things within their power to change, and build allies and find others with similar issues or concerns.

How Long Will It Take?

45 minutes to an hour.

What You Will Need

- *Leadership/Change Agent Worksheet* (page 299) for everyone, with extra copies for recording group discussions.
- Flip charts, pens, and masking tape.

Instructions

Have each person take about 5-8 minutes to fill out the worksheet individually. Let them know when the time is up, then ask them to share their answers in their small groups of four or five. Be sure everyone has an opportunity to share their thoughts on each question before going on to the next one. This will take about 25 minutes.

After the small groups have finished, ask for some sharing in the large groups. Rather than having each group report one-by-one you might focus the sharing around some key issues and write them on a large sheet of paper. For example, "What issues did your group find challenging?" or "What did you discover about where you do and don't have influence?"

Talking Points

Start with the positive. What do people enjoy about their jobs? Emphasize that it is important to have some job satisfaction because people handle stress better when doing something they enjoy. Where are the challenges? Are they the same for all people? Probably not. Each of us has things that are difficult for us. When do we have influence? Often we are not aware of who we can influence and how. Discuss ways to "go around" or by-pass people you are unable to influence. Try using the phrase "I know someone, who knows someone, who knows someone" as a way of identifying key people you can influence. Think about starting small. Change can happen through little steps. Discuss the importance of an action plan and making commitment to change. It can be something small and doable, but commitment is important.

Handouts

Leadership/Change Agent Worksheet (page 299).

Leadership/Change Agent Worksheet

Take a few minutes to respond individually to the following questions. Then discuss your responses with your group. Be sure everyone has an opportunity to share his or her thoughts on each question before going on to the next one. You may want to set a follow-up time to check back with members of the group to see if they were able to take action and to make changes.

1. What do you enjoy about your current job or role? What makes it fun? What are you doing well?

2. Where does it become challenging for you? What is difficult about it? What do you NOT like about it?

3. What can you influence or change that you don't like about it to obtain more of what you do like or enjoy?

4. What are your specific next steps, and when will you accomplish them? Who are your allies in this effort?

Grief and Loss:
Dealing With Challenges We Face

What Will Be Learned?

Participants will have an opportunity to reflect on elements of grief and loss in their personal lives, and to see how these experiences relate to the work they do with families in early intervention. As we better understand our own feelings and recognize our own responses, we are better able to relate to those experienced by families.

How Long Will It Take?

30 minutes; a lifetime actually...

What You Will Need

No materials

Instructions

Think about a loss you have had...it can be the death of a person close to you, a pet, or the loss of a dream due to unplanned or unforeseen circumstances (health, age, economics). Answer the following questions for yourself, and then share your responses with one other person:

1. What were some of your feelings when you experienced the loss?
2. With whom did you share the loss?
3. How long did it take for you to begin to make decisions that were directly affected by the loss? (If you lost your job unexpectedly, when were you able to begin looking for new employment, etc.)
4. If you could have had any kind of support to deal with the loss, to make the process easier, what would it have been?

Spend some time in the large group discussing each of these questions. If a significant number of participants are parents, allow additional time for processing the activity.

Talking Points

- Grief and loss are emotions we all experience.
- People cope differently.
- It is important not to judge another's process.
- The grief and loss is part of a process; it is recurrent and cyclical.
- Service coordinators have a special role, as listeners and empathizers, that is different from extended family.

- The grief "process" does not have an end point, particularly for families raising children with significant disabilities. New milestones missed, new information about a child's health, new setbacks are constant reminders of the dreams lost.
- How comfortable were you while listening to the other person's story?

Acknowledge that it may be painful to re-examine a loss. Healing takes time, sometimes a long time, depending on the nature of the loss. One way to assist with this process is to tell our stories to each other. If we can be present and listen respectfully, the grief may lessen and the healing can continue. We need opportunities to practice this process and not ignore these deep and important feelings.

Handouts

None.

Self-Care Activity:
Centering and Relaxation Exercise - Sources of Support

What Will Be Learned?

Participants will learn a technique for relaxation, and explore three sources of personal support: 1) a place of relaxation, safety, and comfort; 2) a person who is accepting and supportive; and 3) an activity that adds to a sense of well being.

How Long Will It Take?

About 15 minutes.

What You Will Need

No materials.

Instructions

This activity assists the participants in thinking about their sources of support—be it a place, person or activity. You do not need to include all three. For example, you could ask participants to just visualize the place or start with place and add supportive person.

Prepare the participants by explaining the purpose of the activity and getting them physically ready. Ask them to close their eyes, if they are comfortable doing so, and turn the lights down or off. Acknowledge that some people may not feel comfortable participating in the activity or closing their eyes. Give people alternatives to participation (e.g., think about your "To Do" list, then mentally put it in a safe place until after the session). Ask participants to move, if necessary, to get comfortable.

Begin with progressive relaxation of the body. Start with the head and work down to the feet. Pay special attention to the eyes, jaw, mouth, shoulders, stomach, legs and feet. Ask participants to concentrate on their eyes and then turn their attention inward. Feel the jaw and make sure it is not tight ...lips are slightly parted and tongue rests lightly on the palate. Relax the shoulders by making the elbows heavy. Ask them to attend to the stomach and feel the tummy move out on the inhale and in on the exhale. Give the participants time to get in touch with their breathing. Have them feel the feet and their connection with the ground as part of the earth.

Next, take the participants on a journey. They arrive by stepping into an elevator and going down. Count backwards from 10 to 1. At a few intervals, remind participants to breath. After the elevator arrives at 1 the doors open and they are in a place of comfort, relaxation, and beauty. Describe a place using all the senses: hear the water, feel the breeze, smell the flowers, etc. The point is to get them to visualize the place. After they reach their location, explain that they are going to meet someone who is supportive, loving, fun or whoever they want to have in their place. Have them turn and see the person. Have them greet each other in a way they feel comfortable (e.g., embrace, kiss, or talk). After being in the place together give participants an opportunity to say goodbye to their friend or ask that person to join them in an activity of pleasure, fun, and relaxation.

After a momen,t tell the participants that it is time to return. Get them to step into the elevator. Start the count from 1-10 to bring them back. At intervals as they rise, remind them they can maintain that sense of relaxation, that they can go to that place anytime they want or need to. As you bring them out of the elevator, have them open their eyes.

Summarize the activity with a few comments about the importance of self-care through relaxation, having a special place, friends for support, and activities that rejuvenate. Connect this to how important these things are in our lives and jobs.

You can do a number of things for closure: 1) ask if anyone would share their person, place or activity; 2) ask if their were any surprises in what or who came to mind; 3) ask participants to turn to the person next to them and share anything about the activity that they feel comfortable sharing—or to just talk with the other participant about their reaction to the activity; 4) ask participants to write down where they were, who they were with, and what they did.

Remind participants that these sources of support are essential and that they can practice this kind of activity anytime they begin to feel stressed. They can adapt parts of it, such as the breathing or the count down, or picturing their place, person or activity. When time allows, they can really go to these sources of support.

Talking Points

This activity is useful in any training related to "taking care of yourself." Here are a few points to make when using the activity and a few ways to incorporate it into any training.

1. Parenting a child with special needs, service coordination or providing early intervention brings with it many joys and challenges. Think of a few you have experienced (you could ask for volunteers to respond, or just allow a moment of reflection).
2. The challenges encountered in early intervention can come from many sources, such as conflicts within the relationships we develop with team members. These conflicts can stem from differences in values and priorities, and it can be stressful building consensus.
3. Another challenge may come from working with people who have multiple stresses in their lives, and not knowing how to set and define boundaries and responsibilities.
4. Sometimes it feels like there is just too much to do and not enough hours in the day. This too can add stress.
5. In taking care of a family, in working on a team, in working across agencies, we must keep ourselves feeling cared for to do our jobs well.
6. One way to take care of ourselves is to realize that stress happens, and to be aware of our own stress levels. We need techniques for helping us "dump our bucket"—ways to get rid of or minimize the physical tension and psychological anxiety that accompanies stress.

Communicating Needs, Getting Support, Building Boats - A Metaphor

What Will Be Learned?

Participants will learn that effective communication is an important strategy for dealing with stress. There are many roadblocks to effective communications; we need to know what they are and how to avoid or work with them or deal with them. We are each responsible for getting our own needs met, and we may invite support from others to help us do that.

How Long Will It Take?

30 minutes.

What You Will Need

- *Communication - Helpful Hints* (page 307)
- *Communicating Your Needs/Getting Support Worksheet* (page 309)

Instructions

Model effective and ineffective communication with a volunteer or co-trainer by using some of the strategies in *Helpful Hints*. Briefly summarize strategies for effective communication.

After the brief presentation, ask participants to find a partner and to practice communicating something that is important to them while their partner practices good listening and communication skills. Each person should have 3 or 4 minutes to practice:

- Asking for something they need from someone else;
- Sharing something difficult that has happened to them in the past year; or
- Setting a boundary or saying no to someone when it feels hard or uncomfortable to do so.

Stop the group and ask:

- How it felt to be listened to;
- How difficult or easy it was to share;
- How easy or difficult it was to just listen and not give advice or tell your story.

Then reverse roles and repeat the process.

Talking Points

Most of us have had one or more programs on effective communication in our lives. Every day we have opportunities to practice using these skills, and it still continues to be an area of challenge for most of us at some time or other. Communication is like traveling by boat. If you have already constructed a pretty water-tight vehicle and can stay afloat, it's time to spiff it up bit, do some fine tuning to make it even better. If this is new to you, and you are just testing the waters by building your first raft, you will have an opportunity to get your craft safely into the waters of relationships and good communication.

Communicating clearly and directly what we need and would like from others is the body around the structure of your boat. Some of these effective building pieces include:

- **Use "I" statements** to convey your thoughts and ideas. For example, "I would really appreciate it if only one person would talk at a time in this meeting."
- **Own your problems or concerns** instead of explaining them in the third person. ..."because I am having trouble paying attention when there are several people speaking at once."
- **Get the attention of the person** you wish to talk with by asking for it specifically. Example: "I would really like to talk with you about my case load. Is this a good time for you, or can we set a time soon to discuss it?"
- **Avoid blaming others** for their limitations or shortcomings. For example, "You always have so much going on that I'm not sure how to get a hold of you."
- **Acknowledge how you are feeling** about whatever is going on. It gives the listener important information about your situation or state of mind. For example:,"I'm feeling really overwhelmed about the three new families on my case load and am having trouble getting to sleep at night."

Be aware that there are many "roadblocks" to avoid. These include:

- **Comparing** our own problems or situations to others.
- **Advising** others what to do (trust them to know what is best for them).
- **Judging** others by our own standards instead of accepting people where they are.
- **Diverting** to a topic you would rather discuss because you are uncomfortable with the feelings being shared.

Question: How do we create safe situations for other people to share? For ourselves to share?

Handouts

- *Communication - Helpful Hints* (page 307).
- *Communicating Your Needs/Getting Support Worksheet* (page 309).

Communication - Helpful Hints

Active Listening:

Face the speaker and give her good eye contact. Listen carefully to what she is saying; and nod and smile appropriately. Comment as little as possible, but let the speaker know you are paying attention by responses such as "tell me more about that," or "can you clarify that for me?" or "I'm not sure I understand. Will you explain that again?"

Reflect Feelings:

Notice and reflect the feelings that are being stated—and also any that you may notice—by observing body language or tone of voice. For example, "You sound really upset/angry/disappointed" or "You seem to be sad about this."

Comments: Honoring **feelings** is key to creating safety and to moving forward with the decision making process. We are not accustomed to noticing and commenting on this, so it may feel awkward at first. Don't give up on it. It is important. If we reflect back the wrong feeling, the speaker will correct us! For example, "You seem to be worried about this...." Speaker says, "I'm not worried, I'm furious/scared."

Ask Clarifying and Open-Ended Questions:

Ask open-ended questions. Questions that require elaboration and more than a "yes" or "no" answer. For example, "What was it like to meet with the physical therapist last week?" instead of saying, "Did you meet with the physical therapist last week?" Also ask clarifying questions such as "Can you tell me more about your concerns for your son/daughter?" or "Can you explain what it felt like when you were told your child has a developmental delay?"

Comments: Open ended and clarifying questions invite the speaker to share what they are thinking and feeling. It helps them figure out what is going on and what they need to do next. When we don't encourage this exploration, people have less opportunity to notice and trust their thinking on an issue or problem. It hampers the decision making process. Take a couple of minutes to think about when and where you might practice using this technique or skill. The more you use it, the more natural and comfortable it will become.

Guide Decision Making:

Ask the speaker to define and clarify what the issues are. Ask clarifying questions and summarize what is being said. Ask the speaker to identify the options and consequences of each. Choose a specific option. Set a timeline for checking back with each other on progress.

Comments: As a listener in solution-finding, it is your job to let the speaker decide which choice is best for him or her, trust that he or she will make the right decision, and support him or her to follow through on it. If it doesn't work, you can revisit the process and work it through again considering more options. If the decision proved to be useful and moved things forward, acknowledge and reinforce that by celebrating the success.

HANDOUT

Communicating Your Needs/Getting Support Worksheet

(Work with someone you do not know)

Role A - PRACTICE ASKING FOR SUPPORT

- Share something that is bothering you; or
- Talk about what you personally find most difficult about your job; or
- Practice saying something you have wanted to say to a co-worker but have not felt safe in saying.

Role B - LISTEN AND PROVIDE FEEDBACK

1. Using all your active listening skills, listen and learn more about this person and his or her concerns.

2. Share what it felt like to hear the other person's issues.
   - Were you able to understand how this person was feeling?
   - Did the person clearly express any needs?
   - Could you respond with support? If not, what got in your way?
   - Were you able to listen without giving direction or trying to "fix?"

When You Have Both Had a Turn in Each Role

Take a minute to share something your partner did that you found particularly helpful. Please be specific in your feedback.

This could be:

- The way you could tell that you were really being listened to;
- The way you were encouraged to talk;
- The way feedback was given;
- Other observations.

WORKSHEET

Self-Care Activity: Identifying and Dealing With Your Stress

What Will Be Learned?

Participants will identify their stresses and categorize them in terms of which ones they have the ability to change or influence. They will be asked to develop a plan for dealing with at least one of the stresses they feel they can influence.

How Long Will It Take?

45 minutes.

What You Will Need

Each participant will need two sheets of blank paper and *My Plan to Take Care of Myself.*

Instructions

1. Draw a big circle on a blank page. In the circle write down sources of stress you are currently experiencing. These can include work related and personal issues. Remember, it is sometimes difficult to completely separate the two.

2. On another piece of blank paper, draw another big circle. Inside this circle, draw a concentric, smaller circle. Label the outer circle, "Circle of Concern." Label the inner circle, "Circle of Influence." (Covey, 1989)

3. Take a look at the items in your first circle. In an effort to identify what you feel you can and cannot take on, place those items you feel you can influence in the inner circle. Place those items you feel you are not in a position to influence in the outer circle.

4. Choose one of the items in the inner circle and make a plan for yourself. What can you do to take care of yourself or influence change, related to that particular source? Identify what you want to do, what resources you already have to do it, what help or resources you'll need from someone else, when you want to accomplish it, and how you will know you accomplished what you wanted to do.

Talking Points

We are often able to exert influence in many situations, but are not aware of or do not acknowledge it. We have control over:

- Our own reactions and emotional responses;
- Interpersonal connections;
- Personal contacts;

- People we know and can influence;
- Our actions.

Sometimes we have trouble seeing where our power lies, and get stuck without being able to see the options. Talking with others, a friend or peers will often give us new ideas.

Handouts

My Plan to Take Care of Myself (page 313).

Activity adapted from: Covey, S., (1989). The 7 Habits of Highly Effective People. New York: Simon and Schuster Inc.

My Plan to Take Care of Myself

What do I want to accomplish (my goal)?

What resources do I already have?

What help or resources will I need from someone else?

When do I want to accomplish my goal?

How will I know when I have accomplished what I wanted to do?

What will I do in the next two weeks toward achieving my goal (be specific)?

WORKSHEET

Support Systems:
"You Mean I Don't Have To Do It Alone?"

What Will Be Learned?

Participants will take a personal look at their network of support and recognize the importance of relying on a larger circle of family and friends during difficult times. They will also see the importance of this for the families of young children with disabilities.

How Long Will It Take?

20 minutes.

What You Will Need

- Blank paper and pens or pencils.
- Directions for the activity.

Instructions

This activity playfully directs participants to evaluate their personal support network and to consider what is working well, and where they might want to make changes. Introduce the topic with some of the following ideas:

- Most people live (and sometimes work) in some degree of isolation.
- When we encounter difficulties or have occasions to celebrate, we need a community of people, a network of others, to join with us.
- Building community requires attention and effort, nurturing and sharing.

To be effective, as we think about being effective helpers to those we encounter, we will want to spend some time looking at how well we are supported in our own lives. We are not built to continually give, without being restored, refreshed and supported ourselves. We may have an awareness of some people in our lives that we lean on from time to time, but do we really take time to think about who these folks might be and how they are resources to us? This is an opportunity to consider our own resources and what we may wish to change about them.

Proceed to the Helping Hands activity...."Take out a piece of paper, and draw an outline of your own hand...." Use the instructions on the sheet provided.

Talking Points

Encourage people to notice who the people are that they have identified on their hands, and how they might use and appreciate them. Notice if there have been recent changes, perhaps losses of support people who need to be cultivated, and those who might be invited into a support system. Remind people that reciprocity strengthens relationships. Do you have time to nurture your support network? Ask participants to save their "hand" in a safe place, and look at it again in six months. See if they have made any changes or need to make any changes.

Variation:
This same activity can be done with the focus on team or agency support networks. It is a way of helping participants to identify the allies they have in the work environment.

Handouts

- *Helping Hands: Identifying Our Supports and Resources - Instructions* (page 317).
- *Helping Hands: Focus on Agency or Team (Variation) - Instructions* (page 319).

Helping Hands: Identifying Our Supports and Resources - Instructions

Directions given by facilitator:

1. Trace your hand on a blank piece of paper.

2. On each finger, put the name of someone you could call if you had to deal with a crisis. (Pause after each of the instructions while people fill in the appropriate piece of information.)

   - Put a ✖ by the name if it is a family member.
   - Put a ▲ by names that live near you, in the same town or neighborhood.
   - Put a ○ if you can call them late at night for help.
   - Put a ♥ if they will listen without judging.
   - Put a ↔ if they would call YOU in a crisis.
   - Put a ✚ if you've known them for five or more years.
   - Put a ★ if they have been a resource to you in the past month.
   - Put a $ if they'll lend you money (just kidding).

Things to think about:

☐ Recognize that your support is there at the end of your arm. Use it!
☐ Support needs to be exchanged, not just given. Reciprocity strengthens and supports both partners.
☐ Support groups can be very powerful in providing a safe place to share and get support.

HANDOUT

Helping Hands: Focus on Agency or Team - Instruction

Directions given by facilitator:

1. On a blank piece of paper, trace an outline of your hand.

2. On each finger, put the name of someone you could call if you had to deal with a crisis.

   - Put a ▲ by someone who works in your office.
   - Put a ✘ by someone you can call for help or support outside of office hours.
   - Put a ♥ if they will listen without judging.
   - Put a ★ if they would call YOU in a crisis.
   - Put a ◆ if they have known you for 5 or more years .
   - Put a ✔ if you have used this person as a resource in the past month.
   - Put a ♠ if they will support you in approaching your supervisor about making changes in your program.
   - Put a ➜ if you can leave your kids with them while you go on vacation (just kidding).

Things to think about:

☐ Recognize that support is there at the end of your arm. Use it!
☐ Support needs to be readily available, and it needs to be exchanged often. Reciprocity strengthens and supports both partners.
☐ Support groups can be very powerful in providing a safe place to share and get support, and to begin making changes.

HANDOUT

General Early Intervention

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P.O. Box 1468
Madison, WI 53701

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Available from:
Institute for Family-Centered Care
7900 Wisconsin Avenue, Suite 405
Bethesda, MD 20814
301-652-0281
301-652-0186 (fax)
Ifcc@aol.com

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Edelman, L., Smith Elsayed, S., & McGonigel, M. (1992). Overview of family-centered service coordination: Facilitator's guide. St. Paul, MN: Pathfinder Resources, Inc.

Specific activities and materials for facilitating instruction about service coordination. Step-by-step guide provides purpose, time required, learning strategies, and specific materials needed for each of eight activities on key issues (e.g., specific roles/activities associated with service coordination).

Herman, P. & Murphy, M. (1990). Parent involvement resource manual: Comprehensive materials for teaching parent involvement. Madison, WI: Wisconsin Council on Developmental Disabilities.

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Available from:
Merrill Palmer Institute, Program for Early Development & Family Relations
Wayne State University
71-A East Ferry Avenue
Detroit MI 48202
313-872-1790
313-577-0995 (fax)

McWilliam, P. J., & Bailey, D. (1993). Working together with children & families: Case studies in early intervention. Baltimore, MD: Paul H. Brookes Publishing Co.

Edited collection of cases exemplifying the application of recommended practices in early intervention for use in preservice and inservice instruction. Text included unsolved case dilemmas for use in teaching/instructing, decision making and problem solving.

Mikus, K. C., Benn, R., & Weatherston, D. (1994). On behalf of families: A sourcebook of training activities for early intervention. Detroit: Merrill Palmer Institute, Wayne State University.

Parents are capable case managers manual (1989). Albuquerque, NM: Parents Reaching Out

Available from:
Parents Reaching Out
1127 University NE
Albuquerque, NM 87102
505-842-9045
1-800-524-5176

Rosin P., Whitehead A., Tuchman L., Jesien G., Begun A. & Irwin, L. (1993). Partnerships in early intervention: A training guide on family-centered care, team building, and service coordination. Madison: University of Wisconsin-Madison, Waisman Center.

Available from:
Waisman Center Early Intervention Program
1500 Highland Ave., Room 231
Madison, WI 53705-2280
608-265-2063
Cost: $38

Useful instructional guide with information, activities, and teaching materials on three aspects of early intervention service delivery (family-professional partnerships, interdisciplinary and interagency team building, and service coordination). Materials were designed to be used in conjunction with the *Parents and Professionals: Partners in Co-service Coordination* videotape.

Rosin P., Green M., Hecht L., Tuchman L.,& Robbins, S. (1996). Pathways: A training and resource guide for enhancing skills in early intervention service coordination. Madison: University of Wisconsin-Madison, Waisman Center.

Curriculum designed to enhance skills and knowledge of service coordination for preservice and inservice audiences. Content is divided into four sections: 1) getting started in the IFSP process; 2) follow-along and implementation of the IFSP; 3) responding to unexpected, immediate needs or crises; and 4) facilitating transitions. Materials were designed to be used in conjunction with the *Pathways in Early Intervention Service Coordination* videotape.

Available from:
Waisman Center Early Intervention Program
1500 Highland Ave., Room 231
Madison, WI 53705-2280
608-265-2063
Cost: $35

VIDEOS FOR TRAININGS

California Department of Education (producers). (1993). Serving the family: Special education cultural competence staff training. Sacramento, CA: California Department of Education/Resources in Education.

Credo for Support. (1995). Port Alberni, British Columbia: Axis Consultation and Training.

Family & The IFSP Process: Training in Family-Centered Approaches (1993).

Time: 90 minutes. This videotape and facilitator's guide offer an interactive approach to training about the Individualized Family Service Plan (IFSP). The videotape identifies 11 key landmarks in the IFSP process; describes what happens at each landmark; and models family-centered approaches in vignettes about five landmarks. Black and white scenes show things can go wrong. Colored scenes model some family-centered practices. The guide includes activities to promote discussion and skill building.

Available from:
Kennedy Krieger Community Resources, Publications
2911 E. Biddle Street
Baltimore, MD 21213
410-550-9700
Cost: $150.00 + shipping

Parents & Professionals: Partners in Co-Service Coordination (1993).

Time: 20 minutes. This video and accompanying guide present a model of service coordination for families who have infants or toddlers with special needs. The model is Co-Service Coordination, where parents and professionals work together as partners to find, access, arrange, and monitor services the families need. In three vignettes, parents and professionals illustrate the complicated issues surrounding effective co-service coordination and the mutual benefits of this model. The video also includes Part H service coordination responsibilities. The guide provides an explanation of the model, discussion questions related to the video, and suggested activities.

Available from:
Waisman Center Early Intervention Program
1500 Highland Ave., Room 231
Madison, WI 53705-2280
608-265-2063
Cost: $39.00 + shipping and handling

Preparing Paraprofessional Early Interventionist: Infant Parent Interaction Activities (1994).

Time: 37 minutes. This video and accompanying training guide serve as excellent resources to prepare paraprofessionals who are part of early intervention teams. They focus knowledge and skill building to support paraprofessionals in extending professional early interventionists roles and to assist with implementing IFSPs. The video and guide can be used in the following ways: (a) to support individual paraprofessionals on the job, (b) to assist supervisors with defining jobs, hiring and monitoring paraprofessional personnel, and (c) for inservice and preservice training. The materials are applicable in any early intervention setting and recognize that responsibilities will vary with settings.

Available from:
Communication/Therapy Skill Builders
Cost: $79

Rosin, P. (1996). *Pathways in early intervention service coordination.* Madison: University of Wisconsin-Madison, Waisman Center.

Available from:
Waisman Center Early Intervention Program
1500 Highland Ave., Room 231
Madison, WI 53705-2280
608-265-2063
Cost: $80

Videotape illustrates challenges faced in the provision of early intervention service coordination through four videotape scenarios. Accompanying guide highlights key issues and important skills and provides discussion questions and activities for promoting the development of skills in each area.

Strategies for Supervisors and Administrators for Ongoing Supervision, Training and Support of Service Coordinators

> ***"Provider burnout compromises the human connection that is invaluable in the effective partnership between families and providers."***
> *Krahn, Thom, Hale, & Williams (1995)*

Supervisors and administrators of early intervention programs can use various methods in the ongoing supervision, training, and support of staff to assist them in better meeting the potential challenges inherent in the job. The Pathways Service Coordination Project has heard from those involved in service coordination around the country about some of the key issues and challenges in service coordination. See boxes below.

Challenges for family members:
- Too much, too little, unclear or inaccurate information
- Duplication of efforts
- Too many and complex forms
- Cultural or value differences between family and system and/or service coordinator
- Jargon - finding a common language
- Timing of information
- Learning about existing community resources
- Enhancing creative problem solving abilities to get needs met
- Remaining connected to natural resources and supports

Challenges for service coordinators:
- Time and resource management
- Paperwork, record keeping, and forms
- Timing of information to families
- Meeting prescribed timelines
- Building on the family's and child's natural supports and resources
- Keeping up with changing resources and service providers

(continued)

Challenges for service coordinators:
- Knowledge of the multiple systems in which a family may participate
- Understanding multiple funding sources and program eligibility
- Undertaking strategies for working with outside agencies and funding sources
- Balancing the philosophy of family-centered care with the reality of available resources
- Successfully applying personal and interpersonal skills with families, other team members, and agency personnel
- Creative problem solving, solution finding and consensus building
- Transferring skills
- Influencing policies and practices
- Building the community's capacity to meet child's and family's needs
- Knowing and maintaining boundaries and roles
- Obtaining sufficient ongoing support, training, & supervision

Challenges for early intervention programs:
- Organizing staff and resources
- Managing the IFSP process
- Keeping track of resources and availability of services
- Working within limited financial resources
- Working with outside agencies and developing interagency agreements
- Supporting and supervising staff

Challenges for the statewide early intervention system:
- Identifying a curriculum for both beginning and veteran service coordinators
- Identifying a cadre of trainers within the state
- Developing an ongoing network of support for service coordinators
- Fitting early intervention service coordination into existing case management systems
- Identifying service coordination competencies and relating them back to training needs

(continued)

Challenges for the statewide early intervention system:

- Exploring cross training of service coordinators with other case managers
- Determining how to fit service coordination into the managed care system
- Remaining family-centered in light of systems issues (e.g., caseloads, resources)
- Evaluating the effectiveness of service coordination at the state, program and family levels

Some of these challenges in early intervention can add to the staff's stress level and contribute to burnout. Bagnato and Neisworth (1996) summarized factors that can lead to staff burnout as follows: 1) children served have more complex physical and/or cognitive disabilities; 2) providers are working with families who face complex social issues; 3) increased emphasis on cost containment due to changes in sociopolitical agreements; 4) increased competition for resources, leading to splintered and diluted programming; 5) increasing demands on professionals to develop coordinated, comprehensive, and family-focused services caused by changes in early intervention legislation; and 6) stressful work settings for early intervention providers are frequently stressful.

How a program is structured and its organizational processes (e.g., communication, leadership, team dynamics, paperwork) can either add to or help to alleviate staff burnout. Some characteristics of work settings that add to work stress include) a crisis orientation i.e., reacting to external and internal pressures rather than being planful about decisions and directions; 2) poor internal communication where staff spend a lot of time trying to figure out what is going on; 3) frequent administrative restructuring so staff is uncertain who to contact to have needs met; 4) conflicting agendas between a program's expressed mission and goals and how staff perceive administrative and program decisions; and 5) reduced professional capacity to make decisions. There may need to be an overall program evaluation to determine whether any of these characteristics are affecting staff and their perceived level of stress and administrative support.

There are numerous opportunities within the existing organization of early intervention programs. These include: building a team culture that is open and trusting; providing positive and regular supervision; encouraging staff to support each other; and offering multiple and meaningful ways for continual learning. Many of the ideas below can be easily incorporated into ongoing activities without restructuring or adding time-consuming meetings. However, supporting staff *does* take a commitment. A commitment to listen, a commitment to acknowledge staff's strengths and support them in ways that build their skills. Your interactions with staff are prime opportunities to model those same behaviors that are necessary for service coordinators to work successfully with families. Below are some ideas that we have found useful in increasing feelings of support among staff:

Staff Meetings:

- Allow staff opportunities to give input into the agenda
- Allow time to add issues that are of immediate concern to the agenda
- Include a personal check-in time
- Take time to acknowledge issues of grief and loss, such as the death of a child in the program
- Model preferred methods of communication between staff and families, and staff
- When giving "bad news," name what is hard
- Develop a structured decision-making process that can be used when needed

- Balance the power at the meeting by rotating facilitators
- As issues arise, practice consensus building
- Make sure to hear from everyone
- If appropriate, hold a staff meeting (once per month or quarterly) outside the office, such as in a restaurant or someone's home (rotate through willing staff members)
- Recognize and celebrate the accomplishments of staff
- Share new resources and information
- Evaluate meetings to determine whether they meet staff needs

Supervision Process:

- The communication climate of the program is important for staff to feel supported and willing to discuss challenges and issues, without fear of reprisal. As an administrator, ask yourself: Is the communication climate open, honest, and cooperative? Or closed, blaming, or even paranoid? Do we use communication methods that help us to make ourselves understood and to resolve misunderstandings?

- Ongoing supervision can parallel how staff works with families. Demonstrate positive, strengths-based approach. Once a year staff might be asked to complete a work plan that includes their job responsibilities and their professional and personal goals, as well as the support and resources they need to be successful in their job. Regular meetings with staff to review the work plan should be scheduled to review progress on the plan and to discuss shifting or new priorities. At this time, discussion can center on areas needing work and acknowledgment of strengths and accomplishments (see attached example format).

- Reflective supervision is a regularly occurring opportunity for staff to meet with a supervisor who will help them to reflect on issues and challenges that arise in their daily practice. An atmosphere of trust and collaboration is an essential ingredient to make this process work. Some programs find it useful to separate the tasks of reflective supervision from performance review. It can be difficult to be candid about one's vulnerabilities when the listener's responsibilities include deciding your pay increases or making recommendations about renewing positions. No one wants to reveal information that might jeopardize their job.

- Performance review is a necessary part of being a program administrator; the way it is done can add to staff's feelings of support. Staff find it helpful that the review relates directly to the job description and any work plan that is developed from the responsibilities of the job. Some helpful suggestions to make this task more positive are: 1) develop criteria for job performance in concert with the staff; 2) mutually rate job performance on the job tasks using this criteria; and 3) discuss and resolve any differences in the ratings between supervisor and staff.

Supports:

- Mentorship opportunities with an experienced staff person or parent are especially beneficial to new staff. As part of an orientation process, assigning a mentor can help the new staff member learn the philosophy and practices of the team. The mentor can set aside regular time to address questions and issues. Being a mentor takes time, and mentors will need to incentives (time, extra resources, conference attendance) to make it fit into the schedule. Some program leaders find it wise to pair new staff with a veteran staff person for a prescribed period of time. This pairing can increase mentor opportunities. However, it is best to make the mentor-protégé relationship explicit so that each person understands his or her role in the relationship.

- Peer-Peer supports—collegial relationships for problem solving and creative brainstorming—can be fostered. Johnson and Pugach (1991) set forth a more formalized process of peer support (see attached). There are also less formal ways to encourage staff to set up peer relationships, such as: 1) make a commitment to each other to learn a new skill or gather new information and check in with each other; 2) have a weekly or bi-monthly lunch to discuss one issue each; 3) structure office space and schedules to allow for these conversations; and 4) if it is a home-based program in which peers travel together, that time could be used to offer support. The important thing is to acknowledge that we all need support in the work we do, and to explain ways to support each other and encourage staff to seek out others for peer support. Some staff may need assistance in being matched with a colleague.

- Inservice Training - At least yearly, assess the ongoing informational needs of your staff. In collaboration with the staff, set up training priorities and a plan for gaining identified knowledge or skills. Often times, the need may relate to the entire staff and a team-based inservice could be planned in lieu of a staff meeting. At other times it may be a staff specific need and you might seek inservice training from outside the program. These staff-specific learning needs should also be evident from the staff review.

- Staff inservice instruction can model recommended practices in service coordination in early intervention. Staff complete a self-assessment of strengths, concerns, priorities, and resources. Based on the self-assessment, the staff members develop an Individual Learning Plan with their desired outcomes for inservice instruction. The supervisor acts as a "service coordinator" for staff by providing information, support, and access to material and human resources from within the state. This support is provided at a level determined by the staff member in order to meet his or her selected learning outcomes.

- Yearly Retreats are a time for fun and for working on program issues and new directions. It is generally best to set aside at least one half day (a full day works well) and hold the retreat outside the usual environment, where staff are free from daily distractions. Use a team-based approach to planning, in which issues to be addressed are developed by the staff. Often it is useful to have a facilitator who is not part of the program, especially when working on program issues and new directions. Some ideas for blending fun and teaming include: participating in a ropes or challenge course; doing Tai Chi; going to a retreat center with solitary walks; or with an object to find that represents an issue; building team banners; or developing skits or a commercial.

- Journal Groups can be used for information sharing, gaining knowledge on a topic, and mutual supporting. Setting up a monthly or bimonthly meeting at which interested staff choose a topic, read current articles, and spend time discussing the content and thinking about applications to the program can be of great benefit to the participants, the program and the children and families served. For example, if there are a number of staff interested in an alternative treatment approach or a type of diagnosis, the group can all agree to read an article related to the topic; when they convene, group members share what they read. The articles can be put in a binder that is kept in an easily accessible place for all staff.

- The effectiveness of the program's reward system helps staff feel supported in stressful times. The questions staff might ask themselves are: Is the change, stress, or challenge worth the amount of work we're putting into it? What do we get from our jobs beside paychecks? Beyond a good salary or benefits, staff need to feel job security, recognition, and an opportunity to use their minds and abilities. Some of the suggestions listed here will help build a reward system that moves beyond the monetary.

Clear Boundaries & Job Descriptions:

- When hiring new staff, it is important to have up-to-date job descriptions that outline the scope of responsibilities for the service coordinator. Discussion about the meaning of these responsibilities should occur during the staff's orientation to the position.

- Understanding boundaries is critical to staff. Service coordination occurs within multiple contexts; Family, team, agency, interagency and staff need to think through their own boundaries related to these contexts. Staff may have differing boundaries, thus it may be best to encourage staff to participate in discussions about personal, team, program and system boundaries.

- Vision and mission statements, as well as guiding principles of the program, should be developed, understood, and shared. Articulating the program's vision and mission can help staff during stressful times. If the vision and mission of the program are revisited in these situations of stress, it may help in making decisions that are necessary in order to meet the challenges that arise. The staff need to understand the culture and norms of staff members, the teams on which they participate and the program or organization in which they work. As the administrator, ask yourself: Does everyone understand our program's culture, vision, mission? Are we valuing the right things? Do we choose to "co-create," or compete? Do we "walk the talk?"

Fun & Celebration:

A program staff that has fun and celebrates together is more likely to feel supported, and to support each other. Celebrating program and staff accomplishments provides staff with a sense of well being and self-esteem that can help carry them through rough times. Some ideas for celebration are:

- initiate monthly or quarterly potluck lunches;
- encourage staff to participate in physical activities such as walking or swimming, or start a volleyball or baseball team;
- hold a monthly tea time where available staff set aside a short time to meet;
- begin an occasional TGIF (Thank Goodness It's Friday) outing to relax at the end of the week;
- develop a way to celebrate staff birthdays and special occasions. Food is always appreciated, be it a dessert or a lunch;
- Set up a baby weight and date lottery, or a pool for sporting events.

Program Organization & Structure:
The chart that follows this section, entitled *Ongoing Supervision, Training, and Support for the Service Coordinator*, provides the administrator with a grid to use for examining existing program practices which support staff. It can also be used to determine whether to incorporate some of the suggestions outlined above into the program's organization or support methods. For example, in the hiring and orientation of new staff, a mentorship component may be added. During staff review, a yearly plan that models an IFSP might be used. Minor changes in staff and team meetings might include a time for staff check-in. Some staff members might be interested in organizing a staff inservice session around topics that the staff see as priorities for them. Or, program staff may decide to add a yearly retreat. The handout entitled *Looking for Common Ground: A Definition of Terms* will help clarify the meaning of the suggested support methods.

Ongoing Supervision, Training, and Support for the Service Coordinator

	Structure And Organization of The Early Intervention Program						
Methods of Ongoing Supervision, Training, And Support	**Hiring/ Orientation**	**Staff Review/ Evaluation of Job Performance**	**Ongoing Supervision**	**Staff/Team Meetings**	**Inservice**	**Retreats**	**Other**
Reflective Supervision							
Coaching							
Mentoring							
Peer Support							
Training							
Other							

WORKSHEET

Looking for Common Ground:
A Definition of Terms

Reflective Supervision sets up a relationship for learning that is characterized by reflection, collaboration and regularity. Linda Gilkerson says that one of the keys to supervision is to create a trustworthy environment; a place where "strengths can be emphasized and vulnerabilities partnered" (Shanok, 1992); where permission is granted to explore the dark side, the imperfect processes of professional practice. Gilkerson outlines six steps in the rituals and process of reflective supervision: 1) preparation (getting ready to attend); 2) greeting /reconnecting; 3) opening the dialogue/finding the agenda; 4) information gathering/focusing; 5) formulating a hypothesis/determining possibilities; and 6) closing.

Coaching involves helping another to implement newly acquired skills, strategies, or models back on the job. Gallacher (1997) says that no matter what coaching model is used, there are several important characteristics, which include: 1) it is most successful when voluntary, 2) it flourishes when it is separated from supervision and/or performance evaluation, 3) it is an ongoing process, 4) it is based on collaborative (collegial) relationships, and 5) it requires an atmosphere of trust and experimentation.

Mentoring is a caring and supportive interpersonal relationship between an experienced, more knowledgeable practitioner (mentor) and a less experienced, less knowledgeable individual (protégé or mentee), in which the protégé receives career-related and personal benefit.

Peer Support/Collaboration assists service coordinators in developing a clearer understanding of the problems they are encountering through a reflective consideration of the variables that may be contributing to the problematic situation. Peer collaboration (Johnson & Pugach, 1991) is a structured, four-step, collegial dialogue in which the initiating service coordinator focuses on the problem and uses the process to expand his or her understanding of the problem, while the peer partner, or facilitator, guides the first service coordinator and ensures that the steps in the process are followed appropriately (see attached outline of the process).

Networking engages both parties in reciprocal learning about each other and the identification of how resources can be shared for mutual benefit.

Training offers an opportunity to enhance skills and knowledge and reflect on attitudes through the presentation of content (awareness level); practice and application of the content (skill building); and integration of the content into practice (implementation). Recommended practice for effective inservice training includes that it is: 1) flexible, responsive to diversity and able to build on participants' existing strengths; 2) embedded in practice; 3) endorsed by administrators; 4) individualized and supportive of the participants through ongoing follow-up.

HANDOUT